

STANDARD CERTIFICATE OF DEATH

FILED AUG 2 1946

Primary Registration District No. 1000

Registrar's No. 867

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs, 2 mos, 5 days
(Specify whether years, months or days)

In this community 2 years 2 months 5 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pattis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 206 East Jefferson
(If appl., give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENNY GILLUM.

3. (b) If veteran, name war -----

3. (c) Social Security NO INFORMATION

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30
on year 1946 hour 12 minute 05 P.M.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eunice

6. (c) Age of husband or wife if alive 14 years
(Day) (Year)

7. Birth date of deceased 3-23-1911
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-25-1944 to 7-30-1946
that I last saw him live on 7-29-1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

35	4	7	hr. min.
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Immediate cause of death Chronic Myocarditis

Due to Syphilis

Due to _____

9. Birthplace Bellaire Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Common Laborer

11. Industry or business Common Labor

Major findings: Of operations GOY

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name George Gillum

13. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Luranda Emery

15. Birthplace Bellaire Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant George Hillburn

(b) Address 421 E. Fifth St. Sedalia Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Aug 4 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Miss

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia

While at work? _____ (Specify type of place)

(c) Means of injury ⊖

19. (a) Aug. 1, 1946 (Date received local registrar)

(b) J. H. Nestlebrush (Registrar's signature)

23. Signature J. H. Morrow (M. D. or other)

Address State Hospital No. 2 Date signed 7-30-46

WRITE PLAINLY—USE UNFADED BLACK INK—MAKE A PERMANENT RECORD

Aug 19 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. D. Ferguson
Licensed Embalmer No. 2152
P. O. Address Acadia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.