

3. No. 2
-12-45
5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30549

State File No. _____

FILED OCT 24 1946

Primary Registration District No. 3026

Registrar's No. 317

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 917 South Emery
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EDWIN GALE GILLETTE

3. (b) If veteran, name war World War 2

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dorothy Gillette

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Oct 1 1915
(Month) (Day) (Year)

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

30 11 14 hr. _____ min.

9. Birthplace Lansing Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Metal Smith

MOTHER FATHER

11. Industry or business _____

12. Name Melvin Gillette

13. Birthplace Unknown Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Currier

15. Birthplace Unknown Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Gillette

(b) Address 917 So. Emery, Indep. Mo.

17. (a) Burial (b) Date thereof 9-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawson Mo.

18. (a) Signature of funeral director Geo. G. Carson

(b) Address Independence, Missouri

19. (a) 9-25-46 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month Sept day 15 th

year 1946 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,

and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture Duration _____

Auto Trauma

(Single Car Collision)

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

Major findings: _____
Of operations: _____

Of autopsy History & Inspection

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

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

(b) Date of occurrence 9-15-46

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

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

While at work? No. (Specify type of place) _____

(e) Means of injury Trauma

23. Signature E. E. Upsher (M. D. or other health officer)

Address 2800 main Date signed 9/16/46

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

NOV 6 1946
APR 2 1947

APR 2 1947

DEC 2 1946

JAN 23 1947

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.....

Chas. Tyler, Registered Apprentice No. *4111*
working under my personal supervision.

Signed *Raymond G. Martin*
Licensed Embalmer No. *4150*
P. O. Address *Independence Mo.*

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.