

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

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution:
6 mi N.W. Savannah
(If not in hospital or institution, write street number or location)

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

In this community 57 yrs
years, months or days)

3. (a) PRINT FULL NAME James Clarence Gillispie

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Blanch Gillispie 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 12 (Month) 8 (Day) 1888 (Year)

8. AGE: Years 57 Months 11 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name William Thomas Gillispie

13. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN BAKER

15. Birthplace Polk Co IOWA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanch Gillispie

(b) Address Savannah Mo

17. (a) B (b) Date thereof 11-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo

19. (a) 11-25-46 (b) William Spurr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

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

(d) Street No. 6 mi N.W. SAVANNAH
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from admit not attend patient 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 _____

Coronary occlusion

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy g & h

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Gilbert B. Helges (M. D. or other) MD

Address Savannah, Mo Date signed Nov 25, 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.
DEC 19 1946

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..... *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah 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.