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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36968

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4667

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
4214 East 9th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 5 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 4214 East 9th. Street
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Robert Gillies

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura J. Gillies

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb (Month) 4 (Day) 1861 (Year)

8. AGE: Years 85 Months 9 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Scottland (State or foreign country) 4

10. Usual occupation Jeweller

11. Industry or business self

FATHER
12. Name James Gillies
13. Birthplace ____ (City, town, or county) Scottland (State or foreign country) 4

MOTHER
14. Maiden name Ann Howill
15. Birthplace ____ (City, town, or county) Scotland (State or foreign country) 4

16. (a) Informant Laura Gillies
(b) Address 4214 East 9 St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Nov (Month) 8 (Day) 1946 (Year)
(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn

19. (a) 11-7-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th. year 1946 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Nov 4, 1946, to Nov 4, 1946 that I last saw him alive on Nov 4, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Harold A. Pollitt (M. D. or other) MD
Address 1132 Prof. Bldg. Kan. Date signed 11/5/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pallett Vic1487

1132 Prog. -

1-4 -

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. C., 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.