

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7911**  
**497**  
Registrar's No.

**FILED APR 14 1947**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1000**

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

**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:  
**229 Ohio St.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none** (Specify whether)

In this community **22 Yrs.** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **ARNETTA A. GILLELAND**

**3. (b) If veteran, name war** **no**

**3. (c) Social Security No.** **none**

**4. Sex** **Female**

**5. Color or race** **white**

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

**6. (b) Name of husband or wife** **Charles, deceased**

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **April 26, 1867**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>79</b>	<b>11</b>	<b>14</b>	_____ hr. _____ min.

**9. Birthplace** **Albany Mo.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

MOTHER FATHER

**11. Industry or business** \_\_\_\_\_

**12. Name** **Samuel Stinson**

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

**14. Maiden name** **Martha Terrell**

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

**16. (a) Informant** **Joe McVey**

**(b) Address** **229 Ohio St. Joseph, Mo.**

**17. (a) Burial** (Burial, cremation, or removal) **Stanberry Mo.**

**(b) Date thereof** **4/11/47**  
(Month) (Day) (Year)

**(c) Place: burial or cremation**

**18. (a) Signature of funeral director** **Layton Phillips**

**(b) Address** **Stanberry, Mo.**

**19. (a) 4-10-47** (Date received local registrar)

**(b) L. L. Jenkins** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Buchanan**

(c) City or town **St. Joseph,**  
(If outside city or town limits, write "RURAL")

(d) Street No. **229 Ohio St.**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **APRIL** day **8**  
year **1947** hour **1** minute **05** P. M.

**21. I hereby certify that I attended the deceased from** **JAN. 1947**, to **APRIL 8, 1947**,  
that I last saw her alive on **APRIL 8, 1947**,  
and that death occurred on the date and hour stated above.

**Immediate cause of death** **CHRONIC MYOCARDITIS** **4 yrs.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

**Other conditions** **CHRONIC PYELO-NEPHRITIS** **2 yrs.**  
(Include pregnancy within 3 months of death)

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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** **L. L. Jenkins** (M. D. or other)

**Address** **5008 Kings Hill Ave.** Date signed **4-8-47**

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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~~.....

.....  
working under my personal supervision.

Signed.....

Registered Apprentice No.....

Licensed Embalmer No. *2986*

P. O. Address. *St. Joseph, 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.**