S. No. 2
—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

Registration District No. 176

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5658

9838

State File No.

Registrar's No. 11.

**1. PLACE OF DEATH:**

(a) County Lawrence

(b) City or town R F D 1 Vineyard (Turpho
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lawrence 55

(c) City or town Rt. #1 Stotts City, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sidney E. Gillette

3. (b) If veteran, name war War 1

3. (c) Social Security No. ✓

4. Sex M

5. Color or race Wh

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

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March 26 - 1889
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 57 | 10 | 25 | hr. min. |

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Gillette
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Oak
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant ~~Josephine~~ Marie Gillette
(b) Address Stotts City, Mo

17. (a) Burial (b) Date thereof 1-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sarcoxie Cem

18. (a) Signature of funeral director Jackson & Son
(b) Address Sarcoxie Mo

19. (a) 3-16-47 (b) W. S. Bussey
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 21
year 1947 hour unk minute unk M.

21. I hereby certify that I attended the deceased from ## S. w. aftr death, 19..., to ..., 19...;
that I last saw him ~~alive~~ on ## after death, Jan 22 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden. Cause unknown

Due to Probably to sudden heart failure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not made

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature P. A. Holmes (M. D. ~~or other~~)
Address Mt Vernon Mo Date signed 1-22-47

158

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 347-357
Date Filed MAR 18 1947

MAR 25 1947

APR 2 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 me, Registered Apprentice No. , working under my personal supervision.

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcoxie 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.**