S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

Registration District No. 278

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5955

State File No. 10325

Registrar's No. 1

**1. PLACE OF DEATH:**

(a) County 1 Pike

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

(c) Name of hospital or institution: Bush Station 1
(If not in hospital or institution, write street number or location)

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

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pike 82

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME STEPHEN GILLETT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 8 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Powder Plant

MOTHER FATHER

12. Name Jewel A. Gillett

13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Frank Fox

(b) Address Saverton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation Centenary Cemetery

18. (a) Signature of funeral director Joe O'Donnell

(b) Address Hannibal, Missouri

19. (a) 3-22-47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 18 year 1947 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from Mar. 17, 1947, to ~~Mar.~~ Mar. 17, 1947; that I last saw him alive on Mar. 17, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure — Duration

Due to Old age

Due to

Other conditions
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. P. Hansen (M. D. or other) DO

Address Frankford, Mo. Date signed 3/19/47

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(Licensed Embalmer's Statement on Reverse Side)

Subscribed and sworn to before me, a Notary Public for the county of Pike, state of Missouri, this 19th day of March 1947, (Dr. E. P. Hansen's Signature).

Bess B. Latimer

Notary Public

My com. ex. 8/5, 1950

RECEIVED
District Health Officer No. 10
District File Number 4-47-653
Date Filed APR 5 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 ....., Registered Apprentice No. 497, working under my personal supervision.

Signed H. M. O'Donnell

Licensed Embalmer No. 3854

P. O. Address Hannibal, 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.**