S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44140

Registration District No. FILED JAN 19 1948

Primary Registration District No. 4031

Registrar's No.

1. PLACE OF DEATH:
(a) County Bates.
(b) City or town Merwin. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None. Not in hospital. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply. (Specify whether
In this community 15 months. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Bates.
(c) City or town Merwin. (If outside city or town limits, write "RURAL")
(d) Street No. No street numbers. (If rural, give location)
(e) Citizen of foreign country? Does not apply. (Yes or No)
If yes, name country Not foreign born.

3. (a) PRINT FULL NAME JAMES LeROY GILLHAM
3. (b) If veteran, name war None.
3. (c) Social Security No. 442-10-9106
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Matilda H. Gillham.
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased August, (Month) 15 (Day) 1876 (Year)

8. AGE: Years 71 Months 4 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Jackson County, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Accountant.
11. Industry or business With Skelly Oil Company.
FATHER
12. Name John N. Gillham.
13. Birthplace Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Epler,
15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Matilda H. Gillham,
(b) Address Merwin, Missouri.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 12/29/47. (Month) (Day) (Year)
(c) Place: burial or cremation Palestine Cemetery.
18. (a) Signature of funeral director [signature]
(b) Address Drexel, Missouri.
19. (a) 12/26/47 (Date received local registrar) (b) R. Mangold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th year 1947. hour 5 minute 00 P. M.

21. I hereby certify that I ~~attended~~ saw the deceased ~~from~~ on Dec 25 1947 to ....., 19....; that I last saw ~~he~~ deceased when seen alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion c Sudden Death	5 min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 Basil O. Hartwell (M. D. ~~or other~~)
Address Drexel, Missouri. Date signed 12/26 1947.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 1949

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~~ personally

~~, Registered Apprentice No~~

~~working under my personal supervision~~.

Signed J. A. Hays

Licensed Embalmer No. 1950

P. O. Address Drexel - 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.