

74  
6  
0  
I X47070

Registration District No. 251 Primary Registration District No. 4377

1. PLACE OF DEATH:  
(a) County Nodaway  
(b) City or town Quitman  
(c) Name of hospital or institution: home at Quitman, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 62 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Nodaway 74  
(c) City or town Quitman  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZABETH GILLINGER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 1 year 1948 hour 12 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from Apr 15 - 1943 to Mar 1 - 1948, to that I last saw her alive on Feb 29<sup>th</sup> 1948 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife Jeremiah Gillinger 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 9 1847  
(Month) (Day) (Year)

Immediate cause of death Broncho-Pneumonia 5 days  
Due to Cardiac Valvular disease  
Arteriosclerosis

8. AGE: Years Months Days If less than one day  
100 3 22 hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) 107  
Major findings: Of operations no operations  
Of autopsy no autopsy  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Drakestown New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Jonathan Bilby  
13. Birthplace New Jersey  
(City, town, or county) (State or foreign country)  
14. Maiden name Delilah Sliker  
15. Birthplace New Jersey  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Wright  
(b) Address Quitman, Missouri

17. (a) burial (b) Date thereof 3/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Cemetery

18. (a) Signature of funeral director Price Funeral Home  
(b) Address Maryville, Mo.

19. (a) 3-6-48 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 0  
23. Signature L E Dean (M. D. or other) MD  
Address Maryville Mo Date signed 3-3-48

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 John W. Price  
Licensed Embalmer No. 4281  
P. O. Address Maryville 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.