

STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1949

State File No. 94

REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217

42

BIRTH NO. _____

1. PLACE OF DEATH
 a. COUNTY HENRY
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN URICH
 c. LENGTH OF STAY (in this place) 20 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME URICH, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI b. COUNTY HENRY
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN URICH, N. MAIN, ST
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) Mary b. (Middle) Ann c. (Last) Gillilan
 (Type or Print)

4. DATE OF DEATH MAR 14 - 49
 (Month) (Day) (Year)

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Nov. 22, 1863 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR: Months 3 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING 11. BIRTHPLACE (State or foreign country) Illinois 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME William C. Nelson 13b. MOTHER'S MAIDEN NAME Eliza J. Finney 14. NAME OF HUSBAND OR WIFE Infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) none 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Sue Gillilan ADDRESS Urigh, Mo

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension
 DUE TO (c) 3ix

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Paralysis of respiration

19a. DATE OF OPERATION ✓ 19b. MAJOR FINDINGS OF OPERATION ✓ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Urigh Henry Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 12, 1949, to Mar 14, 1949, that I last saw the deceased alive on Mar 14, 1949, and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.W. Gallenath M.D. 23b. ADDRESS Urigh Mo. 23c. DATE SIGNED Mar 16 - 49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Mar 16 - 49 24c. NAME OF CEMETERY OR CREMATORY URICH CEMETERY 24d. LOCATION (City, town, or county) (State) Urigh Henry Mo

DATE REC'D BY LOCAL REG. Mar 16 49 REGISTRAR'S SIGNATURE Florence Adair 422 25. FUNERAL DIRECTOR'S SIGNATURE W.J. Brown ADDRESS Urigh Mo

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

RECEIVED

District Health Officer No. 7

District File Number 2-49-269

Date Filed 3-21-19

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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed R. R. Kenney

Licensed Embalmer No. 3999

P. O. Address Clinton 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.