

MAY 15 1940 399  
Registration District No.

Primary Registration District No. 1002

## 1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Lakeside Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Day** (Specify whether  
In this community **30 Days** years, months or days)

3. (a) PRINT  
FULL NAME**Nellie V. Gilllette 430**3. (b) If veteran,  
name war **No**3. (c) Social Security  
No. **no**4. Sex **Fe.**5. Color or  
race **Wh.**6. (a) Single, widowed, married,  
divorced **Widow**6. (b) Name of husband or wife  
**Unknown**6. (c) Age of husband or wife if  
alive. years7. Birth date of deceased **April 17 1871**  
(Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

**68****11****27**

hr. min.

## 9. Birthplace

**Unknown****Mo**

(City, town, or county)

(State or foreign country)

## 10. Usual occupation

**Home**

## 11. Industry or business

12. Name **E. S. Horton**13. Birthplace **Unknown**  
(City, town, or county)**Virginia**  
(State or foreign country)14. Maiden name **Caroline****Anderson**15. Birthplace **Unknown**  
(City, town, or county)**Tenn.**  
(State or foreign country)16. (a) Informant's own signature **Mr. G. O. Skelton**(b) Address **Raytown Mo.**17. (a) **Removal** (b) Date thereof **April 15 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Springdale Ark.**18. (a) Signature of funeral director **Eylar Funeral Home**(b) Address **1800 Linwood K.C. Mo.**19. (a) **April 15, 1940**

(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**  
(c) City or town **KRaytownity**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.R. # 5** (If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**  
year **1940** hour **12** minute **40 PM.**21. I hereby certify that I attended the deceased from **Aug 14th**  
1939, to **April 14** 1940  
that I last saw her alive on **April 14** 1940  
and that death occurred on the date and hour stated above.Immediate cause of death **Cerebral Hemorrhage** Duration  
**Epilepsy**Due to **General Arterial Sclerosis**  
**with hypertension**Due to **82A**

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings:

Of operations

Of autopsy **none**

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 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) (e) Means of Injury **3**23. Signature **Dr. Luella P. Conner** or other **D.O.**  
Address **Raytown, Mo.** Date signed **4/14/40**

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**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.....

*Chas Wilks*

Licensed Embalmer No.....

*2644*

P. O. Address.....

*1800 Pinewood*

**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, above space should be left blank.**