WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14028

DSD APR 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12613
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon 2 Registration District No. 874 4538
(b) Township Moundville 1 Primary Registration District No. 6-1-7-B Registered No.
(c) City Moundville (d) Street No. Moundville, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Gilmore
(a) Residence, No. Moundville, Mo. ([redacted]) St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1861
7. AGE YEARS 77 MONTHS 3 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired M.D.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Elihue Gilmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary Ducke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Eugene Gilmore Moundville, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Moore Cemetery DATE Mar 21, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada, Mo
20. FILED Feb 28, 1939 Mrs. N B Trimm Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19, 1939
22. I HEREBY CERTIFY That I attended deceased from Mar 1, 1938, to Mar 19, 1939
I last saw h[illegible] alive on 3/19, 1939. Death is said to have occurred on the date stated above at 7:00 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with sudden dilatation

Date of onset

Other contributory causes of importance:

Lung 93 C

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. McYates, M. D.
(Address) Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

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, Personally

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Lloyd R Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, 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, above space should be left blank.