

FILED MAR 11 1940

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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.

1. PLACE OF DEATH:

(a) County Jackson County  
 (b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Little Sisters of the Poor 5331 Highland Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community Three years & 3 months

3. (a) PRINT FULL NAME Frank Gilmore  
 3. (b) If veteran: name war No  
 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Florence Benton  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 29<sup>th</sup> 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>10</u>	<u>10</u>	hr. _____ min.

9. Birthplace Maine (City, town, or county) (State or foreign country) 1  
 10. Usual occupation NONE

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name Alexander Gilmore  
 13. Birthplace No RECORD 9 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Frost  
 15. Birthplace No RECORD 9 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kate Lamelle  
 (b) Address 5331 Highland Ave.  
 17. (a) BURIAL (b) Date thereof 2-10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation ST. MARY'S  
 18. (a) Signature of funeral director W. J. ROBINSON  
 (b) Address S. K. C. Mo  
 19. (a) Feb. 13, 1940 (b) M. M. Crone  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON  
 (c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5331 HIGHLAND  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8 <sup>CH</sup>  
 year 1940 hour 1 minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from 7 days  
12 1939 to Feb. 8 1940  
 that I last saw him alive on Feb. 8 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis  
 Due to 93C 3 months  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations none  
 Of autopsy none  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to 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) (a) Means of injury  
 23. Signature Paul W. P. Bourke (M. D. or other)  
 Address 1402 Bryant Bldg Date signed 2-

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**