V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10951

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 240

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 718 N. Prospect 2 (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 39 yrs. in Springfield

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 718 N. Prospect (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: WILLIS - WILSON - GILMORE
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sarah Tipton
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: July (Month) 24 (Day) 1865 (Year)
8. AGE: Years 74 Months 7 Days 12 If less than one day ..... hr. ..... min.
9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Carpenter
11. Industry or business: ✓
12. Name of father: John L. Gilmore
13. Birthplace of father: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name of mother: Louisa Tabb
15. Birthplace of mother: North Carolina (City, town, or county) (State or foreign country)
16. (a) Informant: Sarah Tipton Gilmore
(b) Address: 718 N. Prospect
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: East Town Co.
18. (a) Signature of funeral director: W. Ringsmuth
(b) Address: Springfield Mo
19. (a) 3/7/40 (Date received by local registrar) (b) Chas. A. Leech M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1940 hour 3:45 minute A. M.
21. I hereby certify that I attended the deceased from Apr. 39 to March 6, 1940, and that I last saw him alive on 3/1, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis, chronic	
Due to: 97 C	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: ✓
Of autopsy: ✓

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)
While at work? ✓ (e) Means of injury: ✓
23. Signature: C. E. Collins (M. D. or other)
Address: Springfield Mo Date signed 3/6/40

(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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed William Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Spring Field

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.