

FILED JUN 6 1940

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S. No. 2  
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7-5-17-39  
I X21402DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 406Primary Registration District No. 4240

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Jasper  
 (b) City or town Carl Junction  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 508 N. Roney (Carl Junction)  
(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)

8. (a) PRINT FULL NAME JESSIE BOYD GILMORE 456

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife David A. Gilmore 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased April 2 1874  
(Month) (Day) (Year)8. AGE: Years 66 Months 1 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Godaway Co. Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Newton Boyd18. Birthplace Knox Co. Illinois  
(City, town, or county) (State or foreign country)14. Maiden name Edith Cox16. Birthplace Knox Co. Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant Bryan Gilmore(b) Address Webb City, Mo.17. (a) Burial (b) Date thereof May 29 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Carl Junction Cemetery18. (a) Signature of funeral director Roney Funeral Service(b) Address Carl Junction, Mo.19. (a) May 28 1940 (b) May 1 1940  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
 (c) City or town Carl Junction  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 508 N. Roney St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1940 hour 9 minute 20 A.M.21. I hereby certify that I attended the deceased from May 14, 1940, to May 26, 1940that I last saw her alive on May 26, 1940; and that death occurred on the date and hour stated above.Immediate cause of death Heart and Respiratory FailureDue to Coronary Occlusion

Due to \_\_\_\_\_

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)Major findings: J. W. Pinkerton D.O.  
Of operations: \_\_\_\_\_Of autopsy Same as above

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? 950

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) 3

Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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

*Rollins Knott*

Licensed Embalmer No. 3685

P. O. Address Carl Junction, 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.**