

No. 2
X21492

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

Dr. Wilson - Lilbourn, Mo. MISSOURI STATE BOARD OF HEALTH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

25837

AUG 9 1940

State File No. _____

Registration District No. 831

Primary Registration District No. 5801

Registrar's No. _____

1. PLACE OF DEATH:
(a) County New Madrid *East Imps*
(b) City or town Rfd. Matthews, Mo. #3
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Matthews, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rfd. # 3
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME John Westley Gilmore 456
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5th,
year 1940 hour 11 minute 30 p. m.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maudie Mae Gilmore 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Sept 15 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1940, to June 4, 1940, that I last saw him alive on June 1, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 8 Days 19 If less than one day hr. _____ min. _____

Immediate cause of death Stroke of Heart
Duration _____

9. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Jerry Gilmore
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emiline Berkerd
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

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) _____ (e) Means of injury _____

16. (a) Informant Harold Gilmore
(b) Address Matthews, Mo. Rfd. #3
17. (a) Burial (b) Date thereof June 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Matthews, Mo.
18. (a) Signature of funeral director John A. ...
(b) Address Sikeston Missouri
19. (a) 8-10-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

28. Signature [Signature] (M. D. or other) _____
Address Lilbourn Mo Date signed 6/22/40

RECEIVED

District Health Officer No. 2

District File Number 840-151

Date 8/7/40

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 me

Registered Apprentice No.

working under my personal supervision.

Signed

John A. ...

Licensed Embalmer No. 2441

P. O. Address Subston 2

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.