

Registration District No. **1399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3009 Agnes Avenue **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **45 Years**
years, months or days

3. (a) PRINT FULL NAME **Mr. Harry Richmond Gilman**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. May R. Gilman** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **December 8 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 24 hr. min.

9. Birthplace **Atchison Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Produce Man**

11. Industry or business **Bob Robinson-City Market**

12. Name **Charles Gilman**

13. Birthplace **Watertown New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Evelyn G. Ainsworth**

15. Birthplace **Watertown Wisconsin**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. R. Williams**
(b) Address **3009 Agnes**

17. (a) **Burial** (b) Date thereof **August 3, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **O. A. Newcomer**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **Aug. 3, 1940** (b) **M. M. Brown**
(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. **3009 Agnes Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **1st**
year **1940** hour **3** minute **20 P. M.**

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death: **Respiratory**

**Carcinoma of the prostate
& metastasis to the liver**
Due to _____
Due to **51**

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 _____ about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place) _____ (Specify cause of injury)
23. Signature **Victor W. Bunker** (M. D. or other) _____
Address **K. C. Mo.** Date signed _____

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.....

George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.C. 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.