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DEPARTMENT OF COMMERCE
BUREAU OF CONSULS
FILED FEB 14 1941
318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2629
Registrar's No. 79

Registration District No. _____ Primary Registration District No. 2001

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

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 **826 W. State**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Vic A. Gilmour**
3. (b) If veteran, name war **Unknown**
3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Unknown**
6. (c) Age of husband or wife if alive **Dec-1876** years
7. Birth date of deceased **December 20, 1876**
(Month) (Day) (Year)

8. AGE: Years **64** Months **1** Days **10**
If less than one day _____ hr. _____ min.

9. Birthplace **Mexico, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**
11. Industry or business **In Shop**

MOTHER FATHER
12. Name **Benjamin Gilmour**
13. Birthplace **Monroe County Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Virginia W. G. Galt**
15. Birthplace **Monroe County Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Carl Dickman**
(b) Address **Mexico, Mo**

17. (a) **Burial** (b) Date thereof **Feb. 1, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Wellsville, Mo**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral**
(b) Address **Springfield, Missouri**

19. (a) **Jan. 31, 1941** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

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. **826 W. State**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **30**
year **1941** hour **6:05** minute _____ A.M.
21. I hereby certify that I attended the deceased from **1-27-1941** to **1-30-1941**
that I last saw him alive on **Jan. 30, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration _____
Due to _____
Due to _____
Other conditions **None**
(Includes 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?
Home **Y** (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **W. E. Handley M.D.** (M. D. or other) _____
Address **Springfield 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 Harlow Knable

Licensed Embalmer No. 4065

P. O. Address Springfield, 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, fact should be so stated above.

7