No. 2
4-13-40
5-17-39
I X2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7789

FILED MAR 19 1941

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 81

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital ( ) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 29 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 705 E. 15th (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Patrick Gilmore
3. (b) If veteran, name war none
3. (c) Social Security No. 702-10-2478
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Maud Bakes Gilmore
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 12 (Day), 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	1	14	hr. min.

9. Birthplace Morgan County ( ) Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Section Hand
11. Industry or business M. K. T. Railroad
FATHER
12. Name William S. Gilmore
13. Birthplace Versailles Missouri ( ) (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucy Jane Harmon
15. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Wilma Gilmore (niece)
(b) Address 705 E. 15th Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery Pettis County
18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia Missouri
19. (a) 2-28-41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr day 26th year 1941 hour 2 40 minute P M.
21. I hereby certify that I attended the deceased from Febr 23rd, 1941, to Febr 26, 1941; that I last saw him alive on Febr 26, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Stomach	6 mos
Due to	
Due to	
Other conditions Generalized Peritonitis (Include pregnancy within 3 months of death)	Febr 23rd 1941

46 P

Major findings:
Of operations None
Of autopsy As above

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) No
(b) Date of occurrence
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? (e) Means of injury
23. Signature Jno B. Carlisle M.D. (M. D. or other)
Address Sedalia Mo Date signed 2/26/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1952

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-41

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 Duane Eirving

Licensed Embalmer No. 38 #7

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.