

Registration District No. 147

Primary Registration District No. 5910

Registrar's No.

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Orma (Austin Twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town Francett
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MILTON HARRY GILMORE

(b) If veteran, name war _____ (c) Social Security No. 491-10 9608

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased May 2 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 11 17 _____ min.

9. Birthplace Buchanan Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farm & Trucker

11. Industry or business _____

MOTHER FATHER
12. Name Milton M. Gilmore
13. Birthplace Mo
14. Maiden name May Octavia Means
15. Birthplace Mo

16. (a) Informant Alv Gilmore (Brother)

(b) Address 2101 Broadway Kansas City Mo.

17. (a) Burial (b) Date thereof 4 15-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Francett Mo

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO. 110

19. (a) 4-17-41 (b) Dora Adair
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15
year 1941 hour 16 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7:00
_____ 19____ to _____ 19____;
that I last saw him alive on 7:00 _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing chest injury in automobile accident

Due to Stack struck west of highway & hit tree causing death

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence April 15, 1941

(c) Where did injury occur? Archie Cass Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 71

While at work? Yes (Specify type of place) (e) Means of injury Truck hitting

23. Signature Belviduey (Coroner) (M. D. or other) Mo

Address Harrisonville, Mo Date signed 4/16/41

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 Ernest Runnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.