No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17832

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 421

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 1442 N. Lyon Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No. 1442 N. Lyon (If rural, give location) 6
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY L. GILMORE
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis Gilmore
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased June (Month) 5 (Day) 1878 (Year)
8. AGE: Years 65 Months 11 Days 14 If less than one day ____ hr. ____ min.
9. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House Wife
11. Industry or business In home
FATHER 12. Name James M. Thomas
FATHER 13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Horace Gilmore
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director J. Wellington Co
(b) Address Springfield Mo.
19. (a) 5-20-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1941 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from May 27, 1939, to May 19, 1941; that I last saw h. alive on May 18-41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma L breast Wg gnan tray treatment of Fischel Ca. Hyp
Due to Columbia Mo - Ot death
Due to exophthalmic + eye
— primary seat L breast —
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 50
Of autopsy None

Duration

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? (Specify type of place)
While at work? (e) Means of injury
Signature (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.