

FILED SEP 12 1941

Registration District No. 695

Primary Registration District No. 5817

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Diamond, Williamson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence of G.W. Clary /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 20 years or more (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eliza Lucinda Gillmore

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Geo. W. Gillmore 6. (c) Age of husband or wife deceased years

7. Birth date of deceased March 15th, 1843 (Month) (Day) (Year)

8. AGE: Years 98 Months 5 Days 11 If less than one day hr. _____ min.

9. Birthplace Fayette County, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

MOTHER { 12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. W. Clary
(b) Address Diamond, Mo.

17. (a) Burial (b) Date thereof Aug. 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director W. H. Chapman
(b) Address Neosho, Missouri

19. (a) 8-27-1941 (b) Mrs. H. B. Chapman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Diamond
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
year 1941 hour 2:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug 14 1941, to Aug 19 1941
that I last saw him alive on Aug 19, 41
and that death occurred on the date and hour stated above.

Immediate cause of death Senile cardiac insufficiency

Due to _____

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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Chapman (M. D. or other) 2
Address Diamond, Mo. Date signed 8/27/41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 941-1443

Date Filed SEP 8 1941

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

Ronald Reed

Registered Apprentice No. 702

working under my personal supervision.

Signed

J. B. Brigham

Licensed Embalmer No. 7689

P. O. Address Wash DC

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.