

No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39043

State File No. _____

FILLED NOV 28 1941

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 398

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2900 S Grand 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 14 years
years, months or days

3. (a) PRINT FULL NAME JOHN JAMES GILMORE

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

4. Sex M. O 5. Color or race W. 6. (a) Single, widowed, married, divorced W. D.

6. (b) Name of husband or wife LUCY ANN GILMORE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 1-1858
(Month) (Day) (Year)

8. AGE: Years 93. Months 3 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John Gilmore

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

14. Maiden name _____

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation Springfield Mo.

18. (a) Signature of funeral director McAughlin Bros

(b) Address Sedalia

19. (a) 11-18-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

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. 2900 S Grand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1941 hour 11 minute 30 P.

21. I hereby certify that I attended the deceased from Nov 16
1941 to Nov 16 1941;
that I last saw him alive on Nov 16 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Arterio sclerosis

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

Major findings: Of operations 940
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)
(i) Means of injury _____
23. Signature Refral S. Morris (M. D. or other) MD
Address 111 W 4th Date signed 11-18-41

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

MOTHER FATHER

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

906 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

Product File Number

61-24-41

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.....

F. E. Baker

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.