

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 54

18
6
3

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

1. PLACE OF DEATH: Randolph
 (a) County Property City
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 723 W. End
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days) one year

3. (a) PRINT FULL NAME VERA JANE GILMERE
 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 Clarence Gilmore 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Oct. - 26 - 1885
 (Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER
 12. Name Wm Thomas Hopper
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Lurenda Smith
 15. Birthplace Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant Alfred Gilmore
 (b) Address 723 W. End Moberly MO

17. (a) removal (b) Date thereof Mar. 19 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Brookfield Mo.

18. (a) Signature of funeral director Howe Funeral Home
 (b) Address Moberly Mo.
 19. (a) 3/13/1942 (b) Jenna Love
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 723 W. End
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 13th
 year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 1, 1942, to March 13, 1942
 that I last saw her alive on March 13, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
 Duration ?

Due to 0
 Due to 3

Other conditions 6
 (Include pregnancy within 3 months of death) 468

Major findings:
 Of operations 0
 Of autopsy 0
 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) 0
 (b) Date of occurrence 0
 (c) Where did injury occur? 0
 (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 0
 23. Signature Howe (M. D. or other)
 Address Moberly Mo Date signed 3/13/42

RECEIVED

District Health Officer No. 10

District File Number 4-10-817

Date Filed APR 15 1942

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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, fact should be so stated above.