

FILED OCT 10 1942

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Bollaway

(b) City or town Salina

(c) Name of hospital or institution Carllaway Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether years, months or days) All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollaway

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. State West of New Bloomfield
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Perry Lee Gilmore

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1942 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7:25 1942 to 9:12 1942
that I last saw him alive on 9:12 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Paul Gilmore

6. (c) Age of husband or wife if alive..... years (Month) (Day) (Year) 16 1872

Immediate cause of death Carcinoma of Prostate

Duration * 5 1/2

8. AGE: Years Months Days If less than one day

70 5 16

..... hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Prostate

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Bollaway Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name John Gilmore

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Purgett

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Paula Cunningham

(b) Address 809 West 1st St Salina Mo

17. (a) Burial (b) Date thereof Sept 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill

18. (a) Signature of funeral director Ray A. Hahn

(b) Address New Bloomfield Mo

19. (a) 9-12-42 (b) John Morosoff
(Date received local registrar) (Registrar's signature)

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 Perry Drost (M. D. or other) Mo

Address Fuller Mo Date signed 9/14/42

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

14
2

MOTHER FATHER

1147

OCT 15 1943

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

Ray M. Holt

Licensed Embalmer No.

2603

P. O. Address

One Bloomfield Inn

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.