

FILED NOV 19 1942

Registration District No. _____

Primary Registration District No. 5836

73
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. NEWTON

(b) City or town. NEOSHO RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ROUTE ONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 73

(a) State MISSOURI (b) County NEWTON

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

(d) Street No. Route ONE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA Gilmore

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 3
year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 3 1942 to 10/3/42 1942;
that I last saw her alive on Oct 3 1942
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced. W. dow.

6. (b) Name of husband or wife. Robert Gilmore 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. SEPT 10 1857
(Month) (Day) (Year)

Immediate cause of death. Profound coronary thrombosis 3 hours

Due to She had a mass in abdomen probably carcinoma

Due to 3 metastases of a 3 years standing

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

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

85 0 73 _____ hr. _____ min.

9. Birthplace. Not known 9
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSEWIFE

11. Industry or business. _____

MOTHER FATHER { 12. Name William Williams

{ 13. Birthplace. Not known 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name. SARAH CARVER

{ 15. Birthplace. Not known 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations. 9/42

Of autopsy. _____

16. (a) Informant W.L. Gilmore

(b) Address NEOSHO MISSOURI

17. (a) BURIAL (b) Date thereof OCT 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boyd CEMETERY

18. (a) Signature of funeral director J. Bingham

(b) Address NEOSHO MISSOURI

19. (a) 10-14-42 (b) Corey Thompson
(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 R. Jensen (M. D. or other) _____
Address Neosho MO Date signed 10-14-42

1317

RECEIVED

District Health Officer No. 6,

District File Number 1142-1636

Date Filed NOV 16 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 Ogle Stone Jr.
Licensed Embalmer No. 4176
P. O. Address Mosho

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.