

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 609

1. PLACE OF DEATH:

GREENE

(a) County Greene  
(b) City or town Springfield Mo  
(c) Name of hospital or institution: 2 days St. Johns Hospital  
(d) Length of stay: In hospital or institution 2 days  
In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 2000 N Newton  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William Leslie Gilmore

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

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

6. (b) Name of husband or wife Nettie Mae Gilmore 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Feb 28 1895

8. AGE: Years 48 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Sparta Mo.

10. Usual occupation Machinist-helper

11. Industry or business Frisco

12. Name Grant Gilmore

13. Birthplace Galena Mo.

14. Maiden name Margaret Hodge

15. Birthplace Unk. Illinois

16. (a) Informant Nettie Mae Gilmore

(b) Address 2000 N Newton St

17. (a) Burial (b) Date thereof July 30 1943

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Fred C. Thomas

(b) Address 1100 Booneville St. Spfld.

19. (a) 7-29-43 (b) W. H. Handy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1943 hour 1 minute 28 A.M.

21. I hereby certify that I attended the deceased from 7-26-43 to 7-27 1943 that I last saw him live on 7-27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Miliary Tuberculosis Duration 1 mo

Due to T.B. infection

Other conditions acute nephritis 2 day

Major findings: Of operations 22a Of autopsy 22a

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? \_\_\_\_\_  
(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 no  
23. Signature Robert J. ... (M. D. or ...) no  
Address Springfield Mo Date signed 7-28-43

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

X26390  
79  
2  
6

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AUG 27 1958

FEB 13 1958

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 *Eud C. Scheme*

Licensed Embalmer No. *2899*

P. O. Address *Springfield 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.

X