

FILED MAY 11 1944

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 1832 - Penn 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 26 years  
years, months or days

3. (a) PRINT FULL NAME Laura Fierist Gilmore

3. (b) If veteran, name war YU

3. (c) Social Security No. 2W

4. Sex Fe 5. Color or race Wh

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

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

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 18 - 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 17

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Miss 1  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business House wife

MOTHER FATHER { 12. Name William Burton

13. Birthplace Miss 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace Miss 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Repl. Slattery

(b) Address Indep. Mo

17. (a) Burial (b) Date thereof 5-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery

18. (c) Signature of funeral director Harry Brown

(b) Address 2315 Lincoln Bldg

19. (a) 5-5-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 1832 - Penn  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1944 hour 6 minute am

21. I hereby certify that I attended the deceased from April 5, 1944 to May 5, 1944  
that I last saw her alive on May 13, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal Disease  
Due to Bright's Disease unknown  
Myocarditis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

13/0

22. If death was due to external causes, fill in the following:

(c) 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? no  
(Specify type of place)

While at work? no (e) Means of injury \_\_\_\_\_

23. Signature D. K. Klinger (M. D. certifying)  
Address 615 Angyle Bldg Date signed 5-5-44

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

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**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..... *Harry Bergman* .....

Licensed Embalmer No. *2041* .....

P. O. Address..... *100 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.**