

FILED MAY 26 1945
Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No. 2000

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days) 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clay 211
(c) City or town North Kansas City Mo #4
(If outside city or town limits, write "RURAL")
(d) Street No. # A (If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Lottie Gilmore

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Glenn B. Gilmore 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased OCT 20 1903
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Henry Belins
13. Birthplace NY (City, town, or county) (State or foreign country)
14. Maiden name Ma Sharban
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Glenn B. Gilmore

(b) Address North K.C. Mo #4

17. (a) Burial (b) Date thereof 5-9-45
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence Mo

18. (a) Signature of funeral director Morton's Funeral Home

(b) Address North Kansas City Mo

19. (a) 5-7-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 20, 44 1944 to May 5, 1945 1945
that I last saw her alive on May 5, 1945 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic (hbn) Pneumonia 1 wk.

Due to Carcinoma of Cervix with multiple metastases 9 months

Due to Pulmonary Liver Metastases of the
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 48w Of autopsy as above
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) _____
(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) (a) Means of injury car
23. Signature Geraldine Holmes (M. D. or other) MD
Address Independence Mo Date signed 5/7/45

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

Dr. Hecker

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.....

John S. Morsler

Licensed Embalmer No.....

4349

P. O. Address.....

*832 Cypress Rd
North Kansas City*

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.