S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

Registration District No. 240

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4357

State File No. 20897

Registrar's No. 154

**1. PLACE OF DEATH:**

(a) County New Madrid

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

(c) Name of hospital or institution: No 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community All of Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County New Madrid

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Cager Alvis Gilmore

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex M. D

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct- 23 - 1877
(Month) (Day) (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | 6 | 4 | hr. min. |

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

10. Usual occupation Carpenter + Farming

11. Industry or business

FATHER
12. Name Burton Gilmore
13. Birthplace Conran Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agatt Pikey
15. Birthplace Conran Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant C. H. Gilmore
(b) Address 302 N. Main Charleston Mo

17. (a) Burial (b) Date thereof 5-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mounds

18. (a) Signature of funeral director Richards Und Co
(b) Address New Madrid Mo.

19. (a) 5-10-45 (b) Mrs. I. L. Parrett
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month April day 27
year 1945 hour 2:30 minute a.M.

21. I hereby certify that I attended the deceased from ✓
✓, 19✓, to ✓, 19 ;
that I last saw h ✓ alive on ✓, 19 ;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy No | |

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Leo Hedgepith B. Coroner ~~(M. D. or other)~~
Address New Madrid Mo. Date signed 5/3-45

1076 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 645-050
Date Filed 6-12-45

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 Leo Hidgipeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.**