

No. 2
5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16099**

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **129**

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution 905 Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 years
(Specify whether years, months or days)

In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole **26**

(c) City or town Jefferson City **5**
(If outside city or town limits, write "RURAL")

(d) Street No. 905 Madison **4**
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) **0**
If yes, name country.

3. (a) PRINT FULL NAME Louis Harrison Gilmore

3. (b) If veteran, name war. _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 31
year 1946 hour 5¹⁵ minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h live on Heart Suddenly
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased June 9 1895
(Month) (Day) (Year)

Due to _____

Due to arterial hypertension

Other conditions Heart arrested
(Include prominent within 3 months of death)

Major findings: tuberculosis of lungs

Of operations _____

Of autopsy 125

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 50 Months 11 Days 22
If less than one day hr. _____ min. _____

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

10. Usual occupation Foreman

11. Industry or business Mo. Pacific Railroad

12. Name L. Gilmore

13. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mr. Bertha Gilmore

(b) Address 905 Madison

17. (a) Burial (b) Date thereof 6-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reveries

18. (a) Signature of funeral director James Lewis

(b) Address 700 Jefferson

19. (a) 6-3-46 (b) R. P. Darris, M.D.
(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 _____

Signature J. P. Darris, M.D. M. D. or other) MD
Address Jefferson City, Mo. Date filed June 1, 1946

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

14931

68

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-5-46

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 J. H. Anderson.....

Licensed Embalmer No. 3641.....

P. O. Address Genoa.....

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.