

FILED JUL 15 1946

Registration District No. 123

Primary Registration District No. 5457

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Walnut Grove, Mo. R. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Care Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1. h
(Specify whether
In this community Over 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37
(c) City or town Walnut Grove, R. 2
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Care Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

James Alben Gilmore

3. (b) If veteran, name war

3. (c) Social Security No

4. Sex Male (f) Color or race White

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

6. (b) Name of husband or wife Josephine Robertson

6. (c) Age of husband or wife if alive 3rd years

7. Birth date of deceased January 3rd 1953
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>5</u>	<u>18</u>	hr. min.

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name CAMRON GILMORE

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

14. Maiden name SOPHRONIA EDMONSON

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

16. (a) Informant Miss Jessie Gilmore

(b) Address Walnut Grove, Missouri R. 2

17. (a) Burial (b) Date thereof June 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Gene A. Binn

(b) Address Walnut Grove, Mo.

19. (a) June 22 1946 (b) Nelson L. Murray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
year 1946 hour 4 minute 0 A.M.

21. I hereby certify that I attended the deceased from JAN. 1
1945 to JUNE 21 1946
that I last saw him alive on June 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to ARTEROSCLEROSIS

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 430

Of autopsy

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) (e) Means of injury

23. Signature W. R. Davis D.O. (M.D. or other) DO
Address Walnut Grove, Mo. Date signed 6/27/46

Duration 10 days

5 yrs.

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

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

9

1001

RECEIVED
Greene County Health Officer
County File Number 46-7-88
Date Filed 7-12-46

Greene County Health Officer,
County File Number
Date Filed

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 Gene A. Brim
Licensed Embalmer No. 2664
P. O. Address Helms Grove 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.