

No. 2  
OM-5-43  
ev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20271**  
Registrar's No. **2804**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **General Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Apx. 12hrs**  
(Specify whether years, months or days) **unknown**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **713 West 20th Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **JAMES GILMORE**  
(b) If veteran, name war. **No**  
(c) Social Security No. **none**

4. Sex **male** (1) 5. Color or race **white**  
6. (a) Single, widowed, married, divorced... **widowed**  
6. (b) Name of husband or wife **Leona Gertrude Gilmore** alive... years  
6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased **September 18, 1871**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>74</b>	<b>9</b>	<b>3</b>	hr. min.

9. Birthplace **Troy Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Own**

MOTHER FATHER  
{ 12. Name **Benjamin Gilmore**  
{ 13. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)  
{ 14. Maiden name **Sarah Mak**  
{ 15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elsie Swift**

(b) Address **713 W. 20th St., K. C., Mo.**

17. (a) **Burial** (b) Date thereof **6-24-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**  
(b) Address **1800 E. Linwood Blvd.**

19. (a) **6-24-46** (b) **Etheldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**  
year **1946** hour **11** minute **55** A. M.  
21. I hereby certify that I attended the deceased from **June 21, 1946** to **6-21-46**, 19**46**  
that I last saw him alive on **6-21-46** and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease**  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: **93 d**  
Of operations  
Of autopsy **As above**

Duration  
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?

23. Signature **Wm W Hart** (M. D. or other) **M.D.**  
Address **Gen. Hosp #1** Date signed

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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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed

*Elmer E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.**