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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13120

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 293

1. PLACE OF DEATH:

(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 14 Hrs. (Specify whether years, months or days)
In this community: 14 Hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2 (If outside city or town limits, write "RURAL")
(d) Street No.: 1812 E. Central 6 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Gilmore Infant
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 27 (Day) 1947 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	14 hr. min.

9. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
FATHER 12. Name: Robert E. Gilmore
FATHER 13. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Alice Crawford
MOTHER 15. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Robert E. Gilmore
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Eastlawn
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 3-28-47 (Date received local registrar) (b) W. L. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1947 hour 11 minute 52p. M.
21. I hereby certify that I attended the deceased from 27 Mar 9:30 Am., 1947, to 27 MAR., 1947; that I last saw her alive on 27 MAR., 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Atelectasis, partial, left, complete, right, congenital	Life
Due to: Prematurity	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: 59
Of autopsy:

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: John P. Ferguson (M. D. or other) M.D.
Address: Med. Arts Bldg. Springfield Mo. Date signed: 28 MAR. 47

111 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.