

National Office of Vital Statistics
FILED JUL 26 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 582

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: 1310 N. Summit
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 41 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles C. Gilmore3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Lassaphine Gilmore 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased February 20, 1855
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 4 25 ..hr. ..min.9. Birthplace Greenfield Mo.
 (City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer11. Industry or business Farming12. Name Hughey Gilmore 913. Birthplace Unknown 1
 (City, town, or county) (State or foreign country)14. Maiden name Mary Killingsworth15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Charles L. James(b) Address Springfield Mo.17. (a) Burial (b) Date thereof 7-17-48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hazelwood Cem.18. (a) Signature of funeral director Jurklingner & Co.(b) Address Springfield Mo.19. (a) 7-17-48 (b) W. S. Handley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39
 (c) City or town Springfield 2
 (If outside city or town limits, write "RURAL.")
 (d) Street No. 1310 N. Summit 6
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
 year 1948 hour 5 minute 45 A. M.21. I hereby certify that I attended the deceased from 7-5, 1948 to 7/15, 1948
 that I last saw him alive on 7-11, 1948
 and that death occurred on the date and hour stated above. DurationImmediate cause of death General Arteriosclerosis 2473
End Arteritis in rt. foot

Due to

Due to

Other conditions Semility
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 97
 Of operations

Of autopsy

Underline the cause of 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?

While at work? (Specify type of place) 0(e) Means of injury 023. Signature C. E. Fuller (M. D. or other) ✓
 Address 609 Cherry Springfield Mo. Date signed 7/25/48

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. B. Klingler

Licensed Embalmer No. 3358

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.