

FILED OCT 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32797
291

Registration District No. 668

Primary Registration District No. 6683039

Registrar's No. 291

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1620 East 16th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1620 East 16th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Alonzo Howard Gilmore

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased August 27 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 0 7 _____ hr. _____ min.

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

10. Usual occupation Farmer Retired

11. Industry or business _____

12. Name John Gilmore

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

14. Maiden name Adeline Neal

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

16. (a) Informant Mrs. E. M. Mosby

(b) Address 1620 East 16th St. Sedalia, Mo.

17. (a) Burial (b) Date thereof Sept. 6/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Cem.

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Mo.

19. (a) 9-7-40 (b) Mr. Harry Sneed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1940 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from July 13th 1940 to Sept 4th 1940
that I last saw him alive on Sept 4th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation Duration _____

Due to _____
Due to _____

Other conditions Pericarditis
(Include pregnancy within 3 months of death) hypertension

Major findings: Of operations _____

Of autopsy None

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 Boyd Bohling (Specify type of place) _____ (M. D. or other) _____
Address Sedalia Mo. Date signed 9-6-40

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-11-40

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 Geo. Pittman

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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, above space should be left blank.