

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2705

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County: Henry
(b) City or town: Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Henry #3
(c) City or town: Clinton 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 615 1/2 Grandview
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1941 hour 7 minute M.

21. I hereby certify that I attended the deceased from 12-6 1940 to 12-29 1941
that I last saw her alive on 12-29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema
Cerebral Infarct

Duration
6 hrs
3 da

Due to: Mitral Disease
Impaired Function
Due to: Heart of Left
Femur

7 lax

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

Major findings: Of operations

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) 4?
(b) Date of occurrence 12-6-1940
(c) Where did injury occur? Clinton Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3129 1/2 Home
While at work? (Specify type of place) (e) Means of injury

23. Signature: G. C. ... M. D.
Address: Clinton Mo Date signed 1/30/41

8. (a) PRINT FULL NAME: HARRIET GILMORE

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

4. Sex: Fem 5. Color or race: white 6. (a) Single, widowed, married, divorced, wid
6. (b) Name of husband or wife: James alive years
7. Birth date of deceased: May 13 1857 (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 16 If less than one day min.

9. Birthplace: Polk Co Iowa (City, town, or county) (State or foreign country)

10. Usual occupation: House work

11. Industry or business

MOTHER FATHER { 12. Name: James Townsend
13. Birthplace: Dayton Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Mary E. Topping
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Lucy Gilmore

(b) Address: Clinton Mo

17. (a) Burial (b) Date thereof: 2 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Englewood

18. (a) Signature of funeral director: Consalus + Beck

(b) Address: Clinton Mo

19. (a) 2-3-41 (Date received local registrar) (b) Dr. J. R. Hamilton (Registrar's signature)

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

RECEIVED

District Health Officer No. 7;

District File Number 2-41-290

Date Filed 2-7-41

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. E. Benson

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.