

1-359
X35597

FILED MAR 12 1946
Registration District No. 137

Primary Registration District No. 5506

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton Twp.!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry **42**
(c) City or town Clinton Rural **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. 6 1/2 mi S of Clinton Mo (If rural, give location) **0**
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LUCY JANE GILMORE

(b) If veteran, name war NONE (c) Social Security No. NONE

4. Sex F 5. Color or race W. 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 June 8 1877
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Nursekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin F. Gilmore

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

14. Maiden name Miriam Rich

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

16. (a) Informant Allen Gilmore

(b) Address Clinton Mo. P.O. 5

17. (a) Burial (b) Date thereof Feb. 13 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trays Chapel Cem

18. (a) Signature of funeral director H. A. Whitsart

(b) Address Clinton Mo.

19. (a) 2-12-46 (b) R. R. Kenney,
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1946 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 12, 1945, to Feb. 12, 1946 that I last saw her alive on Feb 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ed. C. Peeler M.D. Date signed 2/12/46

Address Clinton Mo

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 37

Registration District No. 137 Primary Registration District No. 5506

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural
(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 _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Lucy J. Helmer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased June 8
(Month) (Day) (Year)
8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Ind

10. Usual occupation _____

11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb 2
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Don't know
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

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 E. P. Taylor (M. D. or other) _____
Address Quincy Mo Date signed 2/14/46

SUPPLEMENTARY
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Duration _____
PHYSICIAN _____
1226

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

5391