

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41512**

FILED DEC 30 1947
Registration District No. **30187**

Primary Registration District No. **5076**

Registrar's No. **265**

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Rural Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **West of Lyon**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **65 yr.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Henry** **42**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rt #4 Windsor Mo; West of Lyon**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **John C Gilmore**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **M** Color or race **W**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Minnie D Gilmore**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased: **Jan 25 1872**
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| 75 | 11 | 16 | hr. _____ min. |

9. Birthplace: **Boone County Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Jamie Gilmore**

13. Birthplace **unknown Ky**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline M. Cog**

15. Birthplace **unknown Ind**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Gilmore**

(b) Address **Rt #4 Windsor Mo.**

17. (a) **Burial** (b) Date thereof **12-23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor County**

18. (a) Signature of funeral director **Clifton**

(b) Address **Windsor**

19. (a) **12-23-47** (b) **R. B. Kenney**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **21**
year **1947** hour **7** minute **15** M.

21. I hereby certify that I attended the deceased from **Dec 20 1947** to **Dec 20 1947**
that I last saw him alive on **Dec 20 1947** and that death occurred on the date and hour stated above.

Duration _____

Immediate cause of death **Mitral Regurgitation**

Due to _____

Due to _____

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

Major findings: Of operations **92 B**

Of autopsy _____

PHYSICIAN

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? _____

(e) Means of injury _____

23. Signature **Clifton** (M. D. or other) _____

Address **Windsor** Date signed **12-21 47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District No. Number 11-47-198

Date Filed 12-29-47

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 _____

Frederick Wickerson, Registered Apprentice No. 434
working under my personal supervision.

Signed Frederick Wickerson

Licensed Embalmer No. 2478

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, fact should be so stated above.