

Registration District No. 22

Primary Registration District No. 5448

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Greene  
(a) County R.F.D. 2, Willard. (Rural.)  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At her home, R.F.D. 2, Willard, Mo. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community All her life. (Specify whether  
years, months or days) 1156

3. (a) PRINT FULL NAME Mrs. Gertrude Margaret Gilmore

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Frank S. Gilmore 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January 11, 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>9</u>	<u>XI</u>	
			<u>26</u>	hr. min.

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

10. Usual occupation Housewife.

11. Industry or business \_\_\_\_\_

12. Name James Pickering 0

13. Birthplace Unknown. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Missie Jane Richeson  
(City, town, or county) (State or foreign country)

15. Birthplace Greene County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ted Hallett

(b) Address 1444 E. Grand Springfield

17. (a) burial (b) Date thereof Nov. 8, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley's Cemetery

18. (a) Signature of funeral director R. L. Greenwade Und. Co.

(b) Address Willard, Missouri

19. (a) Nov. 8, 1939. (b) Mrs. Ralph Hughes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County Greene  
(c) City or town R.F.D. 2, Willard. (Rural.)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7  
year 1939 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 16,  
1939 to Nov. 7, 1939

that I last saw her alive on Oct 27, 1939

and that death occurred on the date and hour stated above.

Immediate cause of death Lung Cancer Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) \_\_\_\_\_

(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 Henry F. Knabb MD (M. D. or other) 1

Address 450 1/2 E. Conroy. Date signed \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

**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, KAY

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Mrs. E. G. Greenwood

Licensed Embalmer No. 2095

P. O. Address Willard, Missouri.

**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.**