

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

- (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mercy Hospital 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether years, months or days) 3 Days

3. (a) PRINT FULL NAME Gerald Alfred Gilmore 450
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 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 November 16 1937
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
2 1 9 hr. min.9. Birthplace Moberly Missouri
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
 12. Name Alfred Gilmore
 13. Birthplace Meadville Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Lois I McCoilum
 15. Birthplace St. Catherine Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gerald Gilmore
 (b) Address Moberly, Mo
 17. (a) Removal (b) Date thereof Dec. 25, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director D. H. Rudman
(b) Address 1401 Brush Creek Blvd

19. (a) Dec 24, 1939 (b) mm
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
 (c) City or town Moberly City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 715 West Reed
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1939 hour 8 minute A. M.21. I hereby certify that I attended the deceased from December 22 1939, 1939, to December 25, 1939, that I last saw him alive on Dec. 25, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Potts Disease
Tuber cular Meningitis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations NoneOf autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)

(c) 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 D. H. Rudman (M. D. or other)Address 628 Prof Bldg Date signed 12-25-39
Kansas City

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Parkula
5225 - clear path
12-1

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *K. C. M.*

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.