

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No.

**REC'D DEC 11 1940**

1. PLACE OF DEATH:

(a) County Kansas  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Research Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)  
 In this community 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. North Hotel 2029 Main  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? ----- years.

3. (a) PRINT FULL NAME Virgil Gilmore

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs. Minnie Gilmore 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased August 8 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 21 If less than one day  
hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name: Matt Gilmore

13. Birthplace Clay County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Minnie Gilmore  
 (b) Address North Hotel 2029 Main Street

17. (a) Removal (b) Date thereof Nov. 29 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director D. W. Newcome's Sons

(b) Address 1401 Omaha Creek Blvd

19. (a) 11-29-40 (b) M. M. Groves  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29 th  
 year 1940 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11-25, 1940, to 11-29, 1940;  
 that I last saw he alive on 11-28, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block, complete

Due to arteriosclerosis 59

Due to stroke

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

Major findings:  
 Of operations

Of autopsy

Duration

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 Dundell Beach (M. D. or other)

Address 224 Prof Bldg/KC Mo Date signed 11/29/40

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

*Black*  
*4215 Emley Lane*

**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

*C. Hervey Quisenberry*

Licensed Embalmer No.

*4070*

P. O. Address

*K. C. 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.**