

No. 2  
-13-40  
17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38468

FILED DEC 16 1940 198

Registration District No. \_\_\_\_\_

Primary Registration District No. 3011

Registrar's No. 175

1. PLACE OF DEATH:

(a) County. Clay

(b) City or town. Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 yr, 5 mos., 1 da.  
(Specify whether years, months or days) 30

In this community. Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Eldorado Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. 312 South Grand  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Galen Gilmore

3. (b) If veteran, name war World War

3. (c) Social Security No. Unknown-

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

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

7. Birth date of deceased February 20, 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>9</u>	<u>8</u>	hr. min.

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

10. Usual occupation Poultry worker

11. Industry or business Poultry

12. Name William B. Gilmore

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

14. Maiden name Gertrude Howard

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

16. (a) Informant Hospital Records

(b) Address Eldorado Springs, Mo.

17. (a) 11-28-40 (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Springs, Mo.

18. (a) Signature of funeral director C. Prichard

(b) Address Excelsior Springs, Mo.

19. (a) 11-28-40 (b) Mrs. R. McCracken  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th  
year 1940 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from June 27, 1939 to November 28, 1940;  
that I last saw him alive on November 28, 1940, 19...;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypertensive and coronary arterio-sclerotic disease of the heart with cardiac enlargement, myocardial fibrosis and myocardial insufficiency, class V

Other conditions Nephritis, chronic interstitial  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations --  
Of autopsy No 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? --

(Specify type of place)  
While at work? -- (a) Means of injury --

23. Signature W. A. Green (M. D. or other) M.D.  
Veterans Administration Facility  
Address Excelsior Springs, Missouri Date signed 11-28-40

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

MOTHER FATHER

5

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 12-14-40

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 Claude E. Richard

Licensed Embalmer No. 2751

P. O. Address Ex 1000

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.