DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1048

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 8

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: 1025 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 1025 Cherry (If rural, give location) 8
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Harry Emerson Gilmore
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: Married
6. (b) Name of husband or wife: Belle Gilmore
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: Feb. (Month) 8 (Day) 1890 (Year)

8. AGE: Years 50 | Months 10 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace: Ash Grove (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business:
FATHER 12. Name: Sterling Gilmore
13. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Flora Bailey
15. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature: Mrs. Belle Gilmore
(b) Address: 1025 Cherry, K. C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-3-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Carthage, Missouri
18. (a) Signature of funeral director: Morton Funeral Home
(b) Address: 832 Armour Rd., North K. C. Mo.
19. (a) 1-2-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 1941 hour 2 minute 30 A. M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Ulcerative Tuberculosis — 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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Park G. Rowe

Licensed Embalmer No. 2347

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.