

Registration District No. 101

Primary Registration District No. 5149

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Caldwell
 (b) City or town Parishville, Cameron
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County _____
 (c) City or town _____
(If outside city or town limit, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Henry Gilmore
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 19
 year 1941 hour 4:00 minute _____ P. M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Nannie Gilmore
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 3-16-1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January, 1941, to April 19, 1941;
 that I last saw him alive on April 19, 1941;
 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 1 Days 3
 If less than one day _____ hr. _____ min.

Immediate cause of death
Pulmonary tuberculosis by

9. Birthplace Clinton County, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Due to _____
 Due to _____

11. Industry or business _____
 12. Name John Gilmore
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Kate Gilmore
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

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

16. (a) Informant Nannie J. Gilmore
 (b) Address Cameron, Missouri
 17. (a) Burial (b) Date thereof 4-21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

Major findings:
 Of operations _____
 Of autopsy _____

(c) Place: burial or cremation _____
 18. (a) Signature of funeral director Cameron, Clark
 (b) Address Kingston, Missouri
 19. (a) June 1, 1941 (b) Mrs Ora Sloan
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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? _____

104 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Glenn Peters (M. D. certifier) _____
 Address Cameron, Mo Date signed 4/21/41

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

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21279

Registration District No. 101

Primary Registration District No. 5149

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Mirabelle, T. P.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

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

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Wm Henry Gilmore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Apr day 19
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year _____

7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death _____

Duration _____

8. AGE: Years Months Days If less than one day

59 1 3 hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation _____

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.

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Oct 29 (b) Mrs Ora Sloan
(Date received local registrar) (Registrar's signature)

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 Glenn R. Peters (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

