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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6128

State File No. .....

FILED MAR 1 1945

Registration District No. ..... Primary Registration District No. 2000 Registrar's No. 128

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1501 W. Chestnut 1
(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 8 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1020 N. Warren Street 6
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Ones William Gilmore

3. (b) If veteran, name war UNK.

3. (c) Social Security No. 567-10-1244

4. Sex male 0

5. Color or race white 1

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

6. (b) Name of husband or wife Betty Lou Gilmore

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased July, 20, 1904 (Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace UNK. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business .....

FATHER
12. Name Tom Gilmore
13. Birthplace UNK. (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Fannie Maples
15. Birthplace UNK. (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs. Ones Gilmore
(b) Address 1020 N. Warren Springfield, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 14, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Union Ridge cem.

18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo.

19. (a) 2-14-45 (Date received local registrar) (b) O. W. Handley (Registrar's signature)

984 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th year 1945 hour 7:00 minute ..... A.M.

21. I hereby certify that I attended the deceased from 1-25-, 1945 to 2-13-, 1945 that I last saw him alive on 2-12-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Portal Cirrhosis — Duration: don't Know

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 .....

23. Signature J. S. Musick (M. D. or other)
Address Springfield, Mo. Date signed 2-13-45

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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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, fact should be so stated above.