DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1947

Registration District No. 157

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41005

Primary Registration District No. 3028

Registrar's No. 272

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 1025 Poplar St.
(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 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

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

(d) Street No.: 1025 Poplar St.
(If rural, give location)

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

If yes, name country ---

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3. (a) PRINT FULL NAME: MARGARET MELINDA GILMORE

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Hiram Gilmore

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

7. Birth date of deceased: December (Month) 25 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	0	3	-- hr. -- min.

9. Birthplace: Livingston County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: at home

11. Industry or business: ---

MOTHER FATHER

12. Name: L. B. Rice

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

14. Maiden name: Margaret Sullivan

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

16. (a) Informant: W. E. Rice

(b) Address: 1025 Poplar, Carthage, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Dec 31, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Park Cemetery

18. (a) Signature of funeral director: Knell Mortuary

(b) Address: Carthage, Missouri

19. (a) 12-30-46 (Date received local registrar) (b) L. B. Clenton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28 year 1946 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec. 9, 1946, to Dec. 28, 1946 that I last saw him alive on Dec. 28, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart block	
Due to: Fracture of Right femur	
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.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident 116

(b) Date of occurrence: Dec. 9, 46

(c) Where did injury occur? Carthage (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? (e) Means of injury: fall on floor

23. Signature: R. N. Webster (M. D. or other)

Address: Carthage, Mo. Date signed: Dec 30, 46

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(Licensed Embalmer's Statement on Reverse Side)

46-12-1094

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.....Frank W. Kuell Jr.....

Licensed Embalmer No.....4440.....

P. O. Address.....Carthage.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.