

U. S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

State File No.

FILED FEB 24, 1947
 Registration District No.

Primary Registration District No. 1000

Registrar's No. 219

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
 In this community 35 years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 3408 Lafayette Street
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Joseph Doherty Gilmore

3. (b) If veteran, name war None 3. (c) Social Security No. 487-09-1990

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Anna Gilmore
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Febr. 6 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 6 hr. min.

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

10. Usual occupation Retired Gate Keeper

11. Industry or business Armour & Co.

12. Name Samuel Gilmore

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

14. Maiden name Emma Cronk

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

16. (a) Informant Mary Bennett

(b) Address 3119 Olive St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr. 13, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Neishopper

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 2-17-47 (Date received local registrar) (b) G. S. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12 year 1947 hour 2 minute 05 P. M.

21. I hereby certify that I attended the deceased from 12 Feb, 1947, to 12 Feb, 1947
 that I last saw him alive on 12 Feb, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis
 Due to Arteriosclerosis

Due to
 Other conditions Thrombosis & embolism, common iliac arteries
(Include pregnancy within 3 months of death)

Major findings: Of operations occlusion, right popliteal artery
 Of autopsy as above

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

23. Signature Willard C. McDonald (M. D. or other) M.D.
 Address 301 N. 8th St. Date signed 13 Feb 47

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *Albert E. Harrington*.....

Licensed Embalmer No. *3258 Missouri*.....

P. O. Address *St. Joseph, 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.