S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 9894

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 41

**1. PLACE OF DEATH:**

(a) County Livingston

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

(c) Name of hospital or institution:
914 Broadway 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Livingston 59

(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL")

(d) Street No. 914 Broadway 2
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Minnie L. Glore

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased January (Month) 24 (Day) 1865 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 82 | 1 | 29 | — hr. — min. |

9. Birthplace Chillicothe (City, town, or county) Mo (State or foreign country) 6

10. Usual occupation At home

11. Industry or business —

FATHER
12. Name Francis Glore 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Miller
15. Birthplace Chillicothe (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Earl Wilson
(b) Address Olympia, Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation Chillicothe, Mo

18. (a) Signature of funeral director Donald F. Gordon
(b) Address Chillicothe, Mo.

19. (a) March-25-47 (Date received local registrar) (b) Francis B. Neall (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 23
year 1947 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Mar. 20, 1947, to Mar. 23, 1947;
that I last saw her alive on Mar. 21, 1947;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pneumonia - Bronchial Bilateral | 7 days |
| Due to Cardiac failure | 4 days |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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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 0

23. Signature Joseph Campbell (M. D. or other) M.D.
Address Chillicothe, Mo Date signed Mar. 25 47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo

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**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.....Donald F. Gordon.....

Licensed Embalmer No....4191.....

P. O. Address.....Chillicothe, 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.**