

FILED FEB 4 1948

Registration District No. 156

Primary Registration District No. 2011

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Jasper  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 619 St Charles  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGIA HELEN GILMORE

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 Married  
6. (b) Name of husband or wife W. F. Gilmore 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased March 23 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name W. J. Boyd

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

14. Maiden name Elmira Sloan

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

16. (a) Informant Mrs Wm A Gilmore (b) Address 619 St Charles

17. (a) Burial (b) Date there Jan 12 1948 (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Memorial

18. (a) Signature of funeral director J. H. Hamilton (b) Address 207 N. 11th

19. (a) 1-10-48 (Date received local Registrar) (b) D. H. Johnson (Registrar's signature) (c) 1-22-48

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Jasper  
(If outside city or town limits, write "RURAL")  
(d) Street No. 619 St Charles  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th year 1948 hour 5 minute 15 a. M.

21. I hereby certify that I attended the deceased from Jan 6 1948 to Jan 8 1948  
I last saw her alive on Jan 8 1948 and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death Angina Pectoris

Due to Contributing Intestinal Flu

Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

PHYSICIAN  
Underline the cause of 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? (Specify means of injury)  
23. Signature D. H. Johnson Date signed 1-22-48  
Address 315 Spruells Bank B

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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 Edmund D. Dwyer  
Licensed Embalmer No. 3566

P. O. Address Joplin 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.