

No. 2
1/47
7-39

FILED MAR 1 1948
Registration District No.

Primary Registration District No. 2000

Registrar's No. 172

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:
St. Johns 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... 7 Years
(years, months or days)

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... 902 N. Main 6
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME... Eden Luther Gilmore

20. DATE OF DEATH: Month... February day... 21
year... 1948 hour... 4 minute... 25 A.M.

3. (b) If veteran, name war... None 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Feb 17, 1948, to Feb 21, 1948; that I last saw him alive on Feb 18, 1948; and that death occurred on the date and hour stated above.

4. Sex... Male 5. Color or race... White

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

6. (b) Name of husband or wife... Josephine Gilmore 6. (c) Age of husband or wife if alive... 66 years

7. Birth date of deceased... March 25 1871
(Month) (Day) (Year)

Immediate cause of death... Subarachnoid Hemorrhage

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>26</u>hr.min.

Due to.....
Due to.....

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

Other conditions... (Include pregnancy within 3 months of death)

10. Usual occupation... Retired Farmer

Major findings: Of operations... None

11. Industry or business... Farming

Of autopsy... None

12. Name... Wm. Luther Gilmore

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

14. Maiden name... Jane Williams

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

16. (a) Informant... Charles M. Gilmore

(b) Address... Richland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 2-22-1948
(Month) (Day) (Year)

(c) Place: burial or cremation... Green Lawn Cem.

18. (a) Signature of funeral director... J. H. Klingner & Co.

(b) Address... Springfield Mo.

19. (a) 2-21-48 (Date received local registrar) (b) W. E. Handley and D (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence... None

(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?..... Means of injury... () ✓

23. Signature... William Stark (M. D. or other)
Address... Springfield, Mo. Date signed... 2/21/48

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

WRITE PLAINLY—USING 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 Ogle Stone Jr.
Licensed Embalmer No. 4176
P. O. Address Springfield

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.