

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

40114  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Lawrence Registration District No. 470  
 (b) Township 1 Primary Registration District No. 5633  
 (c) City Mt. Vernon (d) Street No. Missouri State Sanatorium St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 1 yrs. mos ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

6514 Mona S. Ghormley

(a) Residence, No. Belton, Missouri St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Ghormley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 3, 1900

7. AGE YEARS 39 MONTHS 3 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) April 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline Missouri

FATHER 13. NAME George Henry Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockford Illinois

MOTHER 15. MAIDEN NAME Catherine Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Cambria Missouri

17. INFORMANT (ADDRESS) E. McMichael, Record Clerk Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE Nov 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Forsyth Funeral Home Mt Vernon Mo

20. FILED Nov 10 1939 P. A. Holmes Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1939 <sup>19</sup> ~~19~~ <sup>xx</sup> ~~xx~~

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1938 ~~xx~~ to Nov. 10, 1939 ~~cx~~ <sup>cx</sup> ~~cx~~

I last saw her alive on Nov. 10, 1939 ~~xxx~~ Death is said to have occurred on the date stated above, at 6:10 P M

The principal cause of death and related causes of importance were as follows:

Pneumonia Subarachnoid 22.  
 Date of onset April 1938  
 Other contributory causes of importance: Tubercular Endocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? u

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) P. A. Holmes, M. D.  
 (Address) Mt Vernon Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2461

Date Filed DEC 6 1939

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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..... Mrs H. D. Forett

Licensed Embalmer No. 2720

P. O. Address Mt Vernon

**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, above space should be left blank.**