

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 41

1. PLACE OF DEATH

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution M. Cunn - Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Day 1
(Specify whether _____)

In this community _____
years, months or days _____

8. (a) PRINT FULL NAME MARIE GORNISH

8. (b) If veteran, name war NO 8. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A. J. Gornish
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 26 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Henry Wheeler
18. Birthplace Unknown Delusion
(City, town, or county) (State or foreign country)
14. Maiden name Ella Smiley
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. J. Gornish

(b) Address Golden City B. 1.

17. (a) Burial (b) Date thereof Feb 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Duaneville Cemetery

18. (a) Signature of funeral director J. W. Knell

(b) Address Carthage Mo 810 S

19. (a) Feb 19 1940 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Golden City
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1940 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 7 1940 to Feb 16 1940
that I last saw her alive on Feb 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis pneumococci
Due to Otitis Media
Due to Bronchial pneumonia
Other conditions none
(Include pregnancy within 3 months of death)

Duration
2 days
3 days
14 days

Major findings: Of operations none
Of autopsy none

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) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature George H. Wood (M. D. or other) 1
Address Carthage Mo Date signed 2/17/40

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

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.

1 X1931

RECEIVED

District Health Officer No. 6,

District File Number 340-769

Date Filed MAR 9 1940

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 Lucy Tzee-Buckwell

Licensed Embalmer No. 2510

P. O. Address Carthage, 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, above space should be left blank.