FILED MAR 11 1940

Dr Taylor

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

7638
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot 2 Registration District No. 655
(b) Township 0 Primary Registration District No. 4392 Registered No.
(c) or City Steele, Mo (d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Paul R Gurley
(a) Residence, No. Nonresident 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25, 1939

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steele, Mo 0

FATHER
13. NAME James E Gurley 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton, Miss 0

MOTHER
15. MAIDEN NAME Pauline R Hastings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braggadocio, Mo.

17. INFORMANT (ADDRESS) James E Gurley Steele, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE MtZion Cem DATE 1--6-- 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) German Undt Co Steele, Mo.

20. FILED Feb 1 1940 L. R. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6th 1940

22. I HEREBY CERTIFY, That I attended deceased from Dead, 19 O.A. Arrival 19
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:00 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	
N. M. D.	

Other contributory causes of importance: 1521

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

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? No
If so, specify
(Signed) E. L. Taylor, M. D.
(Address) Steele, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

15-2-40

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.