

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newry
(b) City or town Newry
(c) Name of hospital or institution: Community Clinic
(d) Length of stay: In hospital or institution 10a 1
In this community 7 Da

2. USUAL RESIDENCE OF DECEASED:

(a) State Atlanta Ga (b) County _____
(c) City or town 1
(d) Street No. Marietta Street
(e) If foreign born, how long in U. S. A? 73 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25
year 1940 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 5-22-40
to 5-25 1940;
that I last saw her alive on 5-25 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute dilatation of heart.
Due to Chr myocarditis 3-4 yr.
Due to Pericarditis 1 yr.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations A3C
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work 215
(Specify type of place) _____
(e) Means of injury _____
23. Signature Eugene Neville (M. D. or other) 1
Address Clinton mo Date signed 5-26-40

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

3. (a) PRINT FULL NAME Bridget Gorman
8. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Fe 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Pat Gorman 6. (c) Age of husband or wife if alive ✓ years 10 1864
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Pete Carroll

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

14. Maiden name Mary Sherlock

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

16. (a) Informant Pete Carroll

(b) Address Atlanta Ga

17. (a) Place of interment Nashville Tenn (Month) (Day) (Year) 5 30-40

(b) Address Nashville Tenn

18. (a) Signature of funeral director Fred Waldman

(b) Address Clinton mo

19. (a) (Date received local registrar) (b) W J R Hampton (Registrar's signature)

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.