

STANDARD CERTIFICATE OF DEATH

State File No. **3704**

FILED FEB 17 1941

Registration District No. **114** Primary Registration District No. **5867** Registrar's No. **3**

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

1. PLACE OF DEATH

(a) County **PEMISCOTT**
(b) City or town **RURAL - BUTLER TWP.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **2 Months** years, months or days

3. (a) PRINT FULL NAME **ELLEN PRISCILLA GORE**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **Wm Gore** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **JAN 1 1858**
(Month) (Day) (Year)

8. AGE: Years **83** Months **0** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **STODDARD CO. MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife at home**

11. Industry or business _____
MOTHER FATHER { 12. Name **JAMES LAWRENCE**
13. Birthplace **unknown**
14. Maiden name **unknown**
15. Birthplace **unknown**

16. (a) Informant **William Hays**

(b) Address **Portageville, Mo.**

17. (a) **Burial** (b) Date thereof **Jan 28 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville Mo.**

18. (a) Signature of funeral director **Wm Hays**
(b) Address **Portageville Mo.**

19. (a) **Feb 1, 1941** (b) **Mary W. Cook**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **PEMISCOTT**

(c) City or town **PORTAGEVILLE R#2**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan**, day **26**,
year **1941** hour **6** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 25, 1941** to **Jan 26, 1941** that I last saw her alive on **Jan 26, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza & Pneumonia**

Due to _____

Due to **Old age**

Other conditions: **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations _____

Of autopsy **No**

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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

5 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **A A Ressler** (M. D. or other) **D**
Address **Portageville, Mo.** Date signed **1-27-41**

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

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 comply with the above constitutes grounds for revocation of license.)

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