S. No. 2
—11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7113

MAR 25 1941

Registration District No. 285

Primary Registration District No. 5637

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Howell

(b) City or town: Hutton Valley (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: All of his life.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howell

(c) City or town: Hutton Valley (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.? ____ years.

3. (a) PRINT FULL NAME: J. W. GULLEY

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: MALE

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs. J. W. Gulley

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: July (Month) 5 (Day) 1858 (Year)

8. AGE: Years 82 Months 4 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace: Hutton Valley (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Store Keeper

11. Industry or business: ____

FATHER
12. Name: P. N. Gulley
13. Birthplace: Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Middlecoff
15. Birthplace: Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. J. W. Gulley
(b) Address: Hutton Valley Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Hutton Valley

18. (a) Signature of funeral director: 345
(b) Address: Willow Spgs., Mo.

19. (a) 2-16-41 (Date received local registrar) (b) Arnette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 14 Year 1941 Hour 12 Minute P. M.

21. I hereby certify that I attended the deceased from January 19, 1941, to February 14, 1941; that I last saw him alive on Feb. 14 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Trouble — Duration: 4 weeks

Due to: age

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations ____ Of autopsy ____

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

23. Signature: T. F. Thomson (M. D. or other) D.C.
Address: Hutton Valley, Mo. Date signed 2-15-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 34367
Date Filed
Date Filed

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 Thomas R. Burns, Jr., Registered Apprentice No. 251, working under my personal supervision.

Signed

Licensed Embalmer No. 3379

P. O. Address Willow Spgs., 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.