FILED JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22194

Registration District No. 556 Primary Registration District No. 5750 Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Mercer Mercer

(b) City or town Rural Princeton Mo. (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 80 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer

(c) City or town Rural Near Princeton Mo (If outside city or town limits, write "RURAL")

(d) Street No. RFD 2 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Gorman

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. 12, 1849 (Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hugh McCary
13. Birthplace (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Betsy Green
15. Birthplace (City, town, or county) Canada (State or foreign country)

16. (a) Informant Mira Cox
(b) Address Princeton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/41 (Month) (Day) (Year)
(c) Place: burial or cremation Greer Cemetery Wayne County, Iowa

18. (a) Signature of funeral director O. O. Grunlee
(b) Address Lineville Iowa

19. (a) 6/17-41 (Date received local registrar) (b) J. M. Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1941 hour 3:30 minute PM

21. I hereby certify that I attended the deceased from June 1st 1941 to June 16 1941 that I last saw She alive on June 10 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	4 hrs
Due to Chronic Mitral regurgitation	sept
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92 B

Major findings:
Of operations
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)
(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? 494 (Specify type of place)
While at work? (e) Means of injury

23. Signature J. M. Perry (M. D. [illegible])
Address Princeton Mo Date signed 6/17-41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed O. O. Greenlee

Licensed Embalmer No. 872

P. O. Address Lincoville Kans

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

If this body is not embalmed, fact should be so stated above.