

No. 2
-1-4-41
5-17-39
I X26390

FILED JAN 21 1942

Registration District No. **609**

Primary Registration District No. **4363**

Registrar's No. **142**

1. PLACE OF DEATH:

(a) County **NEWTON**
(b) City or town **NEOSHO, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **613 So. Hamilton 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **NEWTON**
(c) City or town **NEOSHO**
(If outside city or town limits, write "RURAL")
(d) Street No. **613 So. Hamilton** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **26**
year **1941** hour **9:45** minute **0** a. t. M.
21. I hereby certify that I attended the deceased from **Dec 20**
1941 to **Dec 26** 19**41**
that I last saw her alive on **Dec 26** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage on left side**
Due to **Arteriosclerosis and Hypertension**
Due to
Other conditions **Chronic interstitial nephritis**
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations **none**
Of autopsy **none 13/a**

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **William C. Bowman** M.D. or other **MD**
Address **Neosho, Mo** Date signed **Dec 27 41**

3. (a) PRINT FULL NAME **LAURA GURNEY**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

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

6. (b) Name of husband or wife **WALTER R. GURNEY** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **JULY 18 1882**
(Month) (Day) (Year)

8. AGE: Years **59** Months **5** Days **8** If less than one day hr. min.

9. Birthplace **Polk County IOWA**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **CHESTER VAN HORN**

13. Birthplace **Polk County IOWA**
(City, town, or county) (State or foreign country)

14. Maiden name **HATTIE ROBINSON**

15. Birthplace **Story County IOWA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter R. Gurney**

(b) Address **613 So. Hamilton Neosho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-28-41**
(Month) (Day) (Year)

(c) Place: burial or cremation **Neosho, Mo. Cemetery**

18. (a) Signature of funeral director **Gary Thompson**

(b) Address **Neosho, Mo**

19. (a) **12-31-41** (Date received local registrar) (b) **Donald R. Salem** (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 142-132

Date Filed JAN 13 1942

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 Andrew Forbes

Licensed Embalmer No. 3649

P. O. Address Neosho, 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, fact should be so stated above.