U. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6 1942

Registration District No. 829

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1802

Primary Registration District No. 3007

Registrar's No. 26

12
7
3

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1008 West Maud St. 3
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mable Gladys 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 Married /

6. (b) Name of husband or wife William Gorman

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

7. Birth date of deceased Oct. 14, 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
45	2	19	hr. min.

9. Birthplace LeRoy (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William Gulley
13. Birthplace Unknown (City, town, or county) Ky. / (State or foreign country)

MOTHER
14. Maiden name Susian M. Land
15. Birthplace Unknown (City, town, or county) Ky. / (State or foreign country)

16. (a) Informant William Gorman
(b) Address 1008 Maud Poplar Bluff Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff Mo.

19. (a) 1-5-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd
year 1942 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept - 1941, to Jan 3, 1942
that I last saw her alive on Jan 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Cervix with metastases	16 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

48 a

Major findings:
Of operations Operations in St Louis
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature A F Brookman M.D. (M. D. or other)
Address Poplar Bluff - Date signed 1-5-41

(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 embalmed by me, or by.....

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

working under my personal supervision.

Signed Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.