

Registration District No. 140

Primary Registration District No. 5545

Registrar's No. 29

45  
0  
0

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

1. PLACE OF DEATH: HOWARD  
 (a) County  
 (b) City or town. CHARITON TWP "RURAL"  
 (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.  
 In this community. 66 yrs 7 mo 11 days  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME. MARTHA ELLEN GORRELL  
 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, Married  
 6. (b) Name of husband or wife. Edward Gorrell  
 6. (c) Age of husband or wife if alive. 73 years  
 7. Birth date of deceased. March 3 1876  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation. Housewife

11. Industry or business. Her Home

12. Name. Charley Harmon

13. Birthplace. Unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name. Mary Harmon

15. Birthplace. Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant. Ed Gorrell  
 (b) Address. Glasgow Mo.

17. (a) Burial (Burial, cremation, or removal)  
 (b) Date thereof. Oct 16 1942  
 (Month) (Day) (Year)

(c) Place: burial or cremation. Glasgow Mo.

18. (a) Signature of funeral director. Audley - Fremont  
 (b) Address. Glasgow Mo.

19. (a) 10-17-42 (Date received local registrar)  
 (b) Thomas P. Perry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State. Missouri (b) County. Howard  
 (c) City or town. Rural  
 (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 Oct day 14  
 year 1942 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct - 14, 1942 to Oct. 14, 1942  
 that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Myocarditis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions. 93%  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature. J. C. Hambro (M. D. or other) J. O.  
 Address. Glasgow, Mo. Date signed 10-15-42

RECEIVED NOV 2 1942

District Health Officer No. 8

District File Number .....

Date Filed 10-29-42

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 *J. Walker Ainsley*

Licensed Embalmer No. 3336

P. O. Address *Glasgow Ma.*

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.