

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21275

State File No. _____

Registrar's No. _____

Registration District No. 115

Primary Registration District No. 4187

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union
(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 _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lenoard R. Gorg

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 24, 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28 11 18 _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur Gorg

{ 13. Birthplace Union, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lydia Rusche

{ 15. Birthplace Washington, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Gorg

(b) Address Union, Missouri

17. (a) Burial (b) Date thereof 6-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Missouri

18. (a) Signature of funeral director Wm. J. ...

(b) Address Union, Mo

19. (a) 6-15-43 (b) Lenoard R. Gorg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1943 hour 1:0 minute 35 P. M.

21. I hereby certify that I attended the deceased from 7-14, 1943, to 6-15, 1943
that I last saw him alive on 4-16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hemorrhage from Colon Ulcerative Colitis
Due to _____ 10 yrs

Other conditions (Include pregnancy within 3 months of death) 120w

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) Means of injury _____

23. Signature B. H. Stuckman (M. D. or other) M. D.
Address Union, Mo Date signed 6-15-43

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..... *W. H. Stone*
Licensed Embalmer No. *3175*
P. O. Address..... *Union 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.