

FILED OCT 13 1943

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Josephs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS
(Specify whether
In this community Yea
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON
(c) City or town BURKE LANE JACK
(If outside city or town limits, write "RURAL.")
(d) Street No. 4 MI. N.W. LANE JACK
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME SAMUEL ALISON GURNEY

3. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife NELLIE GURNEY 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 8 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 6 14 hr. min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name STEPHEN NELSON GURNEY
13. Birthplace N.Y.
(City, town, or county) (State or foreign country)
14. Maiden name MARGENIA ROGERS
15. Birthplace W.V.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. S. A. GURNEY

(b) Address R.F.D. LONE JACK, MO

17. (a) BURIAL (b) Date thereof SEPT 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELTON MO

18. (a) Signature of funeral director E. H. Brown & Son

(b) Address Belton MO

19. (a) 9-23-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22
year 1943 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from 7-25
1943 to 9-22 1943;
that I last saw him alive on 9-21 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 2 days

Due to Myocardosis 2 Month

Due to Ruptured gall bladder 7 days

Other conditions none
(Include pregnancy within 3 months of death) 1276'

Major findings: Of operations none
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John T. Shriver (M. D. or other) MD
Address 11402 Bryant Blvd Date signed 9-22-43

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

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A. E. MO

Summary

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..... *A. K. George*.....
Licensed Embalmer No..... *3648*.....
P. O. Address..... *Granville, 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.