S. No. 2
DM—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

37765

State File No.

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1226

**1. PLACE OF DEATH:**
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 1 hour (Specify whether In this community Lifetime years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Buchanan 011
(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 1
(d) Street No. 1228 So. 17th St. (If rural, give location) 7
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Byron Louis Gorman

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

4. Sex Male 2
5. Color or race Black
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 1, (Day) 1942 (Year)

8. AGE: Years 1 | Months 6 | Days 0 | If less than one day hr. min.

9. Birthplace St. Joseph, (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Freda Mary Gorman
15. Birthplace Elwood, (City, town, or county) 1 Kansas (State or foreign country)

16. (a) Informant Freda M. Gorman (Mother)
(b) Address 1228 So. 17th St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, City Cemetery
18. (a) Signature of funeral director Lincoln Mortuary
(b) Address 107 W. Missouri Ave., City
19. (a) 11-4-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov, day 3rd year 1943 hour 11 minute 10 P.M.

21. I hereby certify that I ~~attended~~ viewed the deceased from on Nov 3, 1943, to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death First and second degree burns on the head face, body and limbs 3/4 of | |
| Due to body surface burned | 1 day |
| Due to asphyxiation on smoke and heat | 1 day |
| Other conditions (Include pregnancy within 3 months of death) 181-1 15 | |

Major findings: Of operation Boy burned to death in a house fire started
Of autopsy no; by an oil heating stove

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) accident 131
(b) Date of occurrence Nov. 3 - 1943
(c) Where did injury occur? St Joseph (City or town) Bush (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the home 1228 So 17th st (Specify type of place)
While at work? no (e) Means of injury Fire

23. Signature H F Mundy 2 (M.D. or ~~other~~) Coroner
Address 404 So 3d Date signed 11/4/43

1235 (Licensed Embalmer's Statement on Reverse Side) St Joseph Mo.

## 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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St Joseph, 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.**