

FILED NOV 13 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 272

1. PLACE OF DEATH:

(a) County Adair
(b) City or town WIRIKSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gaim Smith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days
In this community 28 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. POWERSVILLE, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE LAFAYETTE TORREY

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

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FERNE TORREY 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased FEBRUARY 2 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Putnam County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business FARM

12. Name JOHN W TORREY

13. Birthplace Putnam County Mo
(City, town, or county) (State or foreign country)

14. Maiden name MARY F CALLISON

15. Birthplace Putnam County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John W Torrey

(b) Address Powersville, Mo.

17. (a) BURIAL (b) Date thereof OCT-19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TORREY SEMETERY

18. (a) Signature of funeral director Samuel Kunkel Home

(b) Address Waverille, Mo. P. O. W. Comstock

19. (a) 10-20-44 (b) M. W. Wayner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th
year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 19, 1944 to Oct 17, 1944;
that I last saw him alive on Oct 17, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Septic emboli repeated - left leg - chest, 2-3x 1wks.

Due to Chronic ulcerative colitis (Acute fulminating type for 3-4 yrs) 6 wks

Other conditions to have pulmonary tuberculosis 2 wks
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None
13 1/2

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 George C. Ginn (M. D. or other) MD

Address Powersville, Missouri Date signed 10-17-44

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

JUN 28 1948

RECEIVED
District Health Officer No. 10
District File Number 11-44-1809
Date Filed NOV 7 1944

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 James W. Comstock
Licensed Embalmer No. 4197
P. O. Address Unionville, 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.