S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41464

Registration District No. 176 | Primary Registration District No. 6658 | Registrar's No. 89

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Lamar (If outside city or town limits, write "RURAL" and name of township) 12 miles out
(c) Name of hospital or institution: Home of Mrs Emma R. Shepherd (If not in hospital or institution, write street number or location) daughter
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Sarcoxie (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: Mary A. Gulick
3. (b) If veteran, name war: ----
3. (c) Social Security No.: ----
4. Sex: f
5. Color or race: w
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Sim W.
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: December (Month) 29 (Day) 1851 (Year)

8. AGE: Years	Months	Days	If less than one day
92	11	11	hr. min.

9. Birthplace: Newton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER 12. Name: Wm. Wormington
FATHER 13. Birthplace: dont know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Julia Woods
MOTHER 15. Birthplace: dont know (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Mabel Graham
(b) Address: Sarcoxie, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/12/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Sarcoxie Cemetery
18. (a) Signature of funeral director: Roland Engelage
(b) Address: Sarcoxie, Missouri
19. (a) 1-9-45 (Date received local registrar) (b) Anna Whitney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10 year 1944 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from 6-11- 1943 to 12-10- 1944 that I last saw her alive on 8-30- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: acute dilatation of heart. — Duration: few days
Due to: Gen. debility. — Duration: 1 year
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 95 c4
Of autopsy:

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? (Specify type of place)
While at work?
(e) Manner of injury: 0
23. Signature: W. B. Smith (M. D. or other)
Address: Sarcoxie Mo. Date signed 12-11-44

1182

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 145-22
Date Filed JAN 11 1945

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon

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.