. No. 2
4—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 JAN 11 1945

Registration District No. 200

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3041

Normal or 41569
State File No.

Registrar's No. 127

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town Macon
(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 Ola Gorham
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced W – 7
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 27 – 1870 (Month) (Day) (Year)
8. AGE: Years 74 Months 1 Days 12 If less than one day hr. min.
9. Birthplace Jacksonville Mo (City, town, or county) (State or foreign country)
10. Usual occupation house wife
11. Industry or business
MOTHER FATHER
12. Name Jesse Reynolds
13. Birthplace Ky (City, town, or country) (State or foreign country)
14. Maiden name Rosella Boone
15. Birthplace Randolph Co Mo (City, town, or country) (State or foreign country)
16. (a) Informant Anna McClellan
(b) Address 511 E Elmer Athenia
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem
18. (a) Signature of funeral director Albert S Kamer
(b) Address Macon Mo
19. (a) 1/8/45 (Date received local registrar) (b) Ora B Hunkler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1944 hour 12:45 minute P M.
21. I hereby certify that I attended the deceased from Dec 5, 1944, to Dec 9, 1944, that I last saw h. lu alive on Dec 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Acute — Duration
Due to Carcinoma of the left lung
Due to Carcinoma of the breast
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 50
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) Means of injury
23. Signature Ely R. L. Madden M. D. or other
Address Mexico, Mo Date signed 12/16/44

1037

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-45-102
Date Filed JAN 9 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 Robert S Kennard

Licensed Embalmer No. 75-1

P. O. Address Macon Miss

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.