

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8594**  
Registrar's No. **1250**

**FILED APR 5 1945**

Registration District No. **5 12489** Primary Registration District No. **1002**

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:  
Gen. Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days  
(Specify whether years, months or days)

In this community 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll **17**

(c) City or town Carrollton **1**  
(If outside city or town limits, write "RURAL")

(d) Street No. 1  
(If rural, give location)

(e) Citizen of foreign country? Yes **1** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES GORMAN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Feb. 19 1855  
(Month) (Day) (Year)

8. AGE: Years 90 Months 01 Days 29 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James Gorman

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Lula Wood (daughter)

(b) Address 2933 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Mo. Chh.

18. (a) Signature of funeral director Marshall J. ...

(b) Address Carrollton Mo.

19. (a) 3-18-45 (Date received local registrar) (b) T. E. Brown (N3) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1945 hour 2 minute 35 P.M.

21. I hereby certify that I attended the deceased from March 10 1945 to March 18 1945  
that I last saw him alive on March 18 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured neck of right femur and senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1860-5

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 3-10-45

(c) Where did injury occur? Carrollton Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Gen. Hosp. (Physician's signature) (f) D. or other \_\_\_\_\_  
Address Gen. Hosp. Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

*Francis Walters*

Registered Apprentice No. *2744*

working under my personal supervision.

Signed \_\_\_\_\_

*Francis Walters*

Licensed Embalmer No. \_\_\_\_\_

*2984*

P. O. Address \_\_\_\_\_

*K P 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.**