

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
**FILED SEP 12 1945 STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 224 Primary Registration District No. 3072 (0093) Registrar's No. 125

**1. PLACE OF DEATH:**  
 (a) County Saline  
 (b) City or town R.F.D. Marshall, Mo. rural  
 (c) Name of hospital or institution: none  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Lewis Gorham, Jr.  
 3. (b) If veteran, no name war. No. \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race negro 6. (a) ~~Single~~ widowed, married, ~~divorced~~ married  
 6. (b) Name of husband or wife Mamie Gorham 6. (c) Age of ~~husband~~ wife if alive 57 years  
 7. Birth date of deceased June 30 1887  
 (Month) (Day) (Year)

**8. AGE:** Years 58 Months 1 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

**MOTHER FATHER**  
 12. Name Lewis Gorham  
 13. Birthplace Saline Co. Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Henderson  
 15. Birthplace Saline Co. Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie Gorham  
 (b) Address R.F.D. Marshall, Mo.

17. (a) Burial (b) Date thereof 8-21-'45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director HILL Brothers,  
 (b) Address Slater--Mo.

19. (a) 8-21-45 (b) Mrs. M. C. Whittaker  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Saline 97  
 (c) City or town R.F.D. Marshall, Mo.  
 (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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 19th  
 year 1945 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 19 to Aug 19 1945  
 that I last saw him alive on Aug 19 and that death occurred on the date and hour stated above.  
 Immediate cause of death obstruction

Due to Cancer Stomach  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy W HBK

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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address [Address] Date signed 8/24/45

Duration

3 days

(19)

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

77  
00

1215

RECEIVED

Missouri Health Officer No. 8,

Invoice File Number

Date Filed

9-8-45

**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.....

Licensed Embalmer No. 3090

P. O. Address Slater, 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.