

S. No. 2
1-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30749**

FILED OCT 9 1945

Registration District No. 295

Primary Registration District No. 5578

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural Joplin Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. R. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**
(c) City or town Rural **0**
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #1 **0**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Gourley

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph Gourley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 10, 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Wright County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Williams
13. Birthplace no data **9**
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Massey
15. Birthplace no data **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Hus. Joseph Gourley

(b) Address Joplin, Mo. R.R. #1

17. (a) Burial (b) Date thereof 10/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hornet Cemetery

18. (a)* Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) Oct. 2, 1945 (b) Mrs. Lillie Lyle
(Received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1945 hour 3 minute _____ P. M.

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

Immediate cause of death Chronic Myocardial Degener. Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 938
Of operations _____
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:

(c) 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) (g) Means of injury _____

23. Signature Dr. W. S. S. S. S. (M. D. or other) MD
Address 311 1/2 Webster Date signed 10-1-45

Oct. 2, 1945 1180 (Licensed Embalmer's Statement on Reverse Side) Crown Paper Co. Mo.

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

45-9-743

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 E. D. Healy
Licensed Embalmer No. 28579
P. O. Address Healy

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.