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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 5 1947**  
128

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

789  
State File No. \_\_\_\_\_  
Registrar's No. 54

Registration District No. \_\_\_\_\_ Primary Registration District No. 2000

9  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**  
(a) County \_\_\_\_\_  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene **39**  
(c) City or town 911 W. Pacific **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. Springfield, Missouri **3**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LULA GORMAN  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 16  
year 1947 hour 10:15 A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Jan 31, 1940 to Jan - 16, 1947  
that I first saw her alive on Jan 15 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William Gorman 6. (c) Age of husband or wife if alive dec years  
7. Birth date of deceased July 27, 1875  
(Month) (Day) (Year)

Immediate cause of death Edema of lungs  
Due to Coronary Arteriosclerosis  
Due to Arteriosclerosis Chronic  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
71 5 19 hr. \_\_\_\_\_ min.  
9. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: 131A  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Alex Bacon  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Alberta Lewis  
15. Birthplace Berry County, Arkansas  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Lula Gorman  
(b) Address 911 W. Pacific  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-47  
(Month) (Day) (Year)  
(c) Place: burial or cremation Bellevue Cemetery

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?

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME  
Springfield, Missouri  
(b) Address \_\_\_\_\_  
19. (a) 1-18-47 (b) W. J. Handley MD  
(Date received local registrar) (Registrar's signature)

23. Signature W. J. Handley MD (M. D. or other)  
Address 401 E. Canal Date signed 1/18/47

**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..... *Jewell E. Windle*.....  
Licensed Embalmer No. *2831*.....  
P. O. Address..... *Springfield, 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.**