

FILED MAR 24 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 366

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2523 Seneca St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2523 Seneca St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles M. Gorton

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Dora Bradley 6. (c) Age of husband or wife if about 60 years
7. Birth date of deceased Nov 21, 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Maryville, Mo. (City, town, or county) (State or foreign country) A

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER } 12. Name Thomas Gorton
13. Birthplace unknown unknown (City, town, or county) (State or foreign country)
14. Maiden name Sarah Kuller (City, town, or county) (State or foreign country)
15. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)

16. (a) Informant A. I. Powell

(b) Address 2523 Seneca St, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3-10-47
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
Ashland Cemetery

(c) Place: burial or cremation Barry Funeral Home

18. (a) Signature of funeral director St. Joseph, Mo.

(b) Address _____

19. (a) 3-17-47 (b) H. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
1947 year hour 2:00 minute a M.

21. I hereby certify that I attended the deceased from 2/12 1947 to 3/8 1947
that I last saw him alive on 3/5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of mouth Duration about 2 yrs.

Due to _____

Due to _____

Other conditions Probable metastases
(Including pregnancy within 3 months of death) Lungs & vertebrae

Major findings: irreparable

Of operations _____
Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. T. Blower (M. D. or other) M.D.

Address 1218 N. 3rd St. Joseph, Mo. Date signed 3/14/47

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

329

1218713

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 *Mollie E. Sidenfaden Fox*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.