No. 2
5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17117

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 407

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
942 W. Lynn
(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)
In this community 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 942 W. Lynn St. 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Herbert Gorman
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased February (Month) 5 (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
40	3	9	hr. min.

9. Birthplace Pearl (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Grocery Clerk
11. Industry or business " " " "
FATHER
12. Name William E. Gorman
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Leah Maples
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Mr. W. E. Gorman
(b) Address Willard Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wesley Chapel
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) 5-15-47 (Date received local registrar) (b) W E Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1947 hour 2 minute 00 P. M.
21. I hereby certify that I attended the deceased from Apr. 16 1947 to May 14 1947 that I last saw him alive on 5-10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Nasal Cavity (about 1½ yrs)
Due to
Due to
Other conditions: (Include pregnancy within 3 months of death)
Major findings: 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:
(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)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address 221½ E. Commercial Date signed 5-15-47
Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.