

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAY 29 1947

State File No. _____

Registration District No. 177

Primary Registration District No. 4267

Registrar's No. 13

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

1. PLACE OF DEATH: Lafayette

(a) County: Lafayette

(b) City or town: Odessa

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 70 Yrs. (Specify whether years, months or days)

In this community: 70 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lafayette

(c) City or town: Odessa

(d) Street No.:

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Chas. Thomas Gorsuch

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: August 15, 1867 (Month) (Day) (Year)

8. AGE: Years: 79 Months: 7 Days: 16 If less than one day: _____ hr. _____ min.

9. Birthplace: Springfield, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Farm

12. Name: James Gorsuch

13. Birthplace: Tenn. (City, town, or county) (State or foreign country)

14. Maiden name: Sarah Ferriman (City, town, or county) (State or foreign country)

15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Ed Gorsuch (b) Address: Odessa, Mo.

17. (a) Burial (b) Date thereof: Apr. 3, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Marvin Chapel Cem. Mayview, Mo.

18. (a) Signature of funeral director: Husman Sparks (b) Address: Odessa, Mo.

19. (Date received local registrar): April 26, 1947 (Registrar's signature): Letta Drummond

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1947 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 31 that I last saw h. in alive on April 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to: 2 arterio-sclerosis

Due to:

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

Major findings: Of operations: 94A

Of autopsy: none

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: W E Martin (M. D. or other)

Address: Odessa, Mo. Date signed: 4-1-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-22-47

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 _____

William T. Sparks

Licensed Embalmer No. #4431

P. O. Address Odessa, 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.