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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34261**

FILED OCT 20 1947

Registration District No. **783**

Primary Registration District No. **4205**

Registrar's No. **73**

**1. PLACE OF DEATH:**

(a) County Harrison

(b) City or town Gilman City, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

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

(d) Length of stay: In hospital or institution 710 (Specify whether years, months or days)

In this community 20 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME PETER DORNEY

3. (b) If veteran, name war: \_\_\_\_\_

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 Flora Dorney

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb 18 1870  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>7</u>	<u>3</u>	hr. _____ min. <u>0</u>

9. Birthplace Grundy Mo Rural  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Peter Dorney

13. Birthplace Tipperary Co Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Monika Opel

15. Birthplace Tipperary Co Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Flora Dorney

(b) Address Gilman City Mo

17. (a) Burial (b) Date thereof Sept 23 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Columba's cemetery

18. (a) Signature of funeral director W. D. Haines

(b) Address Gilman City Mo

19. (a) Sept 23-47 (b) John Burrows  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Harrison

(c) City or town Gilman City, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 21  
year 47 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 21  
1947 to Sept 21, 1947  
that I last saw him alive on Sept 21, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration 30 min

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations §3A

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)  
(e) Means of injury 20

23. Signature J. C. Walky (M. D. or other) 20

Address Gilman City Mo Date signed 9-23-47

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

MOTHER, FATHER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

*W. D. Haines*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *W. D. Haines*.....

Licensed Embalmer No. *942*.....

P. O. Address *Wilmore, 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.