

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36734

State File No.

FILED OCT 16 1947

Registration District No. 224

Primary Registration District No. 3072

Registrar's No. 194

-17

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution 17 Days Fitzgibbon Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 47 days
(Specify whether years, months or days)

In this community All His Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Malta Bend
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Robert Lyle Gorrell

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, Single

6. (b) Name of husband or wife Student

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

7. Birth date of deceased July 5 1935
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
12	2	14hr.min.

9. Birthplace Malta Bend, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business 7th. Grade

12. Name Earl Gorrell

13. Birthplace Saline Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Lee Buie

15. Birthplace Saline Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Gorrell

(b) Address Malta Bend, Mo.

17. (a) Burial (b) Date thereof 9/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Sussney

(b) Address Malta Bend, Mo.

19. (a) 9-22-1947 (b) J. Sussney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1947 hour 10:15 minute 19 A. M.

21. I hereby certify that I attended the deceased from June 20 1947 to Sept 19 1947
that I last saw him alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death aplastic anemia

Due to.....

Due to.....

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

PHYSICIAN

Major findings: none

Of operations.....

Of autopsy no.

Underline the cause of 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)

23. Signature Robert M. Kennedy (M. D. or other).....
Address Malta Bend, Mo. Date signed 9-19-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-9-47

SEP 20 1949

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 J. Leslie Pursey

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.