

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:
647 N. Main Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 29 yrs 1 month 28 days
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 647 N. Main Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Madge Cornelia Gourley
3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Willard Gourley 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased August 28, 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>29</u>	<u>1</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER
12. Name Harvey Wilson Trantham 0
13. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lola Jane Minor 0
15. Birthplace Webster County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harvey Wilson Trantham
(b) Address 921 W. Divison Street

17. (a) Burial (b) Date thereof 10-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 10-28-47 (b) V. E. Handley MD.
(Date received local registrar) (Registrar's signature) 111

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 26
year 1947 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from off + on from Dec 46
_____, 19____, to 26 Oct, 1947;
that I last saw her alive on or about 1 Oct, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation + suffocation
performed 10-15 min (had been seen by husband who thought she was sleeping + not disturbed but with breathing)

Due to Asthma, severe, chronic - approx 30 years

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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) no
(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)
(c) Means of injury _____
23. Signature Harvey E. Knabb MD. (M.D. or other) MD.
Address 1630 N. Jefferson Date signed 28 Oct 47
Springfield Mo

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

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..... *Ogle Stone Jr.*
Licensed Embalmer No. *4176*
P. O. Address *Springfield*

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.