

Registration District No. 8 Primary Registration District No. 4021

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Laddonia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Location - Laddonia, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Laddonia
(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 _____

3. (a) PRINT FULL NAME Levi Gorman
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 24
year 1948 hour 6 minute 30 A. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased December 15 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 19
1948, to Jan 24, 1948
that I last saw him alive on Jan 23, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years' Months Days If less than one day
86 1 9 _____ hr. _____ min.

Immediate cause of death myocarditis chron
Duration _____
Due to Hypertension
Due to _____

9. Birthplace Mayville N. Y.
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter

Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Charles Gorman
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Madieck Petergn
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
937

16. (a) Informant Charles Gorman Jr.
(b) Address Laddonia, Mo.
17. (a) Burial (b) Date thereof Jan. 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laddonia Cemetery
18. (a) Signature of funeral director Clyde C. Wilkey
(b) Address Perry, Mo.
19. (a) 1-26-1948 (b) Walter Kenney
(Date received local registrar) (Registrar's signature)

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 0
23. Signature W R McCall (M. D. or other) _____
Address Laddonia, Mo. Date signed 1-26-48

RECEIVED
District Health Officer No. 10
District File Number 1-48-164
Date Filed JAN 30 1948

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.....

John F. Ellis....., Registered Apprentice No. 494
working under my personal supervision.

Signed Plyde Wilkey
Licensed Embalmer No. 3820
P. O. Address Perry, 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.