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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15670

Registration District No. 55 | Primary Registration District No. 3011 | Registrar's No. 44

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Atwood Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Two days 94
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 17
(c) City or town Wakenda 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JENNIE ELIZABETH GORMAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fem. 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Charles Edward Gorman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 21 (Day) 1861 (Year)

8. AGE: Years 86 | Months II | Days 4 | If less than one day hr. min.

9. Birthplace Freetown, Ind. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Ryan
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary (UNKNOWN)
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Ralph Gorman
(b) Address Bosworth, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Marshall Fun. Home
(b) Address Carrollton, Mo.
19. (a) 4/27/48 (Date received local registrar) (b) Mrs Herbert Calvert (Registrar's signature) 45

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1948 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from 4-23, 1948 to 4-25, 1948
that I last saw her alive on 4-25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 940

Of autopsy

Duration

PHYSICIAN

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)
While at work? (e) Means of injury 0

23. Signature J. M. Atwood (M. D. or other) MD
Address Carrollton, Mo Date signed 4-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 5-17-48

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 R. M. Marshall Jr.

Licensed Embalmer No. 4469

P. O. Address Carrollton 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.