No. 2
-8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19004
State File No.

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 78

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bowman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether years, months or days)
In this community 4 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan
(c) City or town Fortuna 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

3. (a) PRINT FULL NAME ROGER ASHLAND GULICK
3. (b) If veteran, name war None
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 Callie Gulick
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April (Month) 29 (Day) 1885 (Year)
8. AGE: Years 63 Months 1 Days 8 If less than one day hr. min.
9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
MOTHER FATHER
12. Name French Simpson Gulick
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Anna Winn
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs R. A. Gulick
(b) Address Fortuna, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sycamore Cemetery
18. (a) Signature of funeral director Jewell E. Richards
(b) Address Fortuna Mo.
19. (a) 6-8-48 (Date received local registrar) (b) D. Hooper (Registrar's signature) 241

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1948 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 6, 1948 to June 6, 1948 that I last saw him alive on June 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Shotwound abdomen
Due to Shock + loss of blood
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings: Of operations Perforation of stomach, liver, intestines and kidneys.
Of autopsy

Duration

PHYSICIAN — 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) Suicide
(b) Date of occurrence June 6, 1948
(c) Where did injury occur? Fortuna (City, town) Morgan (County) Mo (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
23. Signature Glen Rawson M.D. (M. D. or other)
Address Boonville Mo Date signed June 6 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 6-13-48

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 James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lupton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.