

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37201

State File No. 12-48-47

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether _____)

In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Lebanon 1
(If outside city or town limits, write "RURAL")

(d) Street No. 668 Harrison 2
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME VIRGINIA ANN GOURLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1948 hour 10 minute _____ A.M.

21. I hereby certify that I attended the deceased from 12-1- 1948 to 12-3- 1948;
that I last saw her alive on 12-3- 1948
and that death occurred on the date and hour stated above.

4. Sex 7 / 1 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ivin Gourley 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan 15 1875
(Month) (Day) (Year)

Immediate cause of death arteriosclerosis Duration (??)

Due to _____

Due to _____

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

Major findings: Of operations an

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

73 10 18 hr. _____ min.

9. Birthplace Laclede Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Oliver Massey 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Massey

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Gourley 7

(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 12-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Bride Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) 12-8-48 (b) Lucille B. Lyonly 44
(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 _____

23. Signature B. E. Howell (M. D. or other) MD

Address Lebanon Mo. Date signed 12-7-48

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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.