

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 138

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Oak Hill Sanitarium 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Texas
(c) City or town Centerview
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

In this community _____ years, months or days
3. (a) PRINT FULL NAME Mary E. Gurley (wid)
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 15 year 1939 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Dec 9 - 1939 to Dec 15 - 1939
that I last saw her alive on Dec 15 - 1939 and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Horatio N. Gurley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 24 1856
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration Dec 6-39
Due to _____
Due to _____

8. AGE: Years 83 Months 4 Days 21 If less than one day _____ hr. _____ min.

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

9. Birthplace Leesburg Penn.
(City, town, or county) (State or foreign country)
10. Usual occupation housewife

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? _____

MOTHER FATHER
11. Industry or business _____
12. Name Jacob Glasse
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Fury
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred G. Glasse
(b) Address 1015 Railway Exchange Chicago, Ill.
17. (a) REMOVAL (b) Date thereof Dec 16 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheridan Wyoming
18. (a) Signature of funeral director W. H. Wilcox
(b) Address Warrensburg, Mo.
19. (a) Dec 16, 1939 (b) Wm. H. Hurling
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Hurling (M. D. or other) _____
Address Warrensburg Mo. Date signed 12-16-39

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/11/40

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....
Arthur H. Griffin

Licensed Embalmer No. *3053*

P. O. Address *Warrensburg 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, above space should be left blank.