

Registration District No. 700

Primary Registration District No. 55533

Registrar's No. 158

FILED SEP 16 1940

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Prairie Township
Name of hospital or institution:
Jackson County Home for the Aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs 6 mo
In this community 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Fred Gorman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased

4 1863

8. AGE:

Years 77 Months 1 Days 25 If less than one day hr. min.

9. Birthplace

(City, town, or county) Indiana (State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

Unknown

12. Name

Unknown

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

W. J. McCarty

(b) Address

Little Blue, Mo.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof July 31-40

(c) Place: burial or cremation

Keokuk, Ia

18. (a) Signature of funeral director

Arthur

(b) Address

Keokuk, Ia

19. (a) Date received local registrar

(b) Registrar's signature Sarah J. Barnes

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town J.C.
(d) Street No. 523 Grand
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1940 hour 10 minute a.m.

21. I hereby certify that I attended the deceased from June 1940 to July 29, 1940 that I last saw him alive on July 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Coronary

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations
Of autopsy

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) Manner of injury

23. Signature (Date, or other) Address Little Blue Day July 29-40

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.