

4-40
39
K23159

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

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1420 Maryland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Besse James Gulick

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John C. Gulick 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased June 4, 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business _____

12. Name H. A. James

13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

14. Maiden name Miss Annie Howell

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

16. (a) Informant Mr. H. A. James

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 2/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-4-41 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1420 Maryland 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3,
year 1941 hour 2:45 min. A. M.

21. I hereby certify that I attended the deceased from Apr 24, 1938, to Feb 13, 1941
that I last saw her alive on Feb 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid primary
Duration 2 yrs 9 mos

Other conditions Chronic arthritis 2 yrs
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of sigmoid
Of operations _____
Of autopsy _____
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) _____

(b) Date of occurrence no

(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? no

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature W. E. Handley M.D. (M. D. or other) _____

Address Springfield Mo Date signed 2/13/41

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 Wayne Hinkle

Licensed Embalmer No. 3444

P. O. Address Springfield

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.

X