

S.S.No. - None

FILED APR 3 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10395  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Clay Registration District No. 198  
(b) Township Fishing River Primary Registration District No. 3011  
(c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility Registered No. 40  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 14 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marshall Allen Gorman

(a) Residence, No. Route #1, Liberty, Mo. St.  Liberty, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Hazel Gorman  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 28 - 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
49 9 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Farming  
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Mo.FATHER 13. NAME William Gorman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IrelandMOTHER 15. MAIDEN NAME Katherine Desmon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Missouri17. INFORMANT (ADDRESS) Hospital Records18. BURIAL, CREMATION, OR REMOVAL Removal  
PLACE Liberty, Mo. DATE 3-12-4119. FUNERAL DIRECTOR (NAME) (ADDRESS) Tarrace Hill Funeral Home Liberty, Mo.20. FILED Mar 12 1941 Mrs. P. M. Gorman  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 194122. I HEREBY CERTIFY, That I attended deceased from February 27, 1941 to March 12, 1941I last saw him alive on March 12, 1941 Death is said to have occurred on the date stated above, at 5:05 A.M.

The principal cause of death and related causes of importance were as follows:

Pyo-nephritis  
Uremia

Date of onset

Other contributory causes of importance:  
Absence right kidneyName of operation --- Date of ---What test confirmed diagnosis? Exam. & observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? --- Date of injury ---, 19---Where did injury occur? ---  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ---Nature of injury ---24. Was disease or injury in any way related to occupation of deceased? ---If so, specify Unknown(Signed) A. N. J. Dolan, M.D., Clinical Director  
(Address) Veterans Administration, Excelsior Springs, Mo.

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 11-2-71

**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 with the above constitutes grounds for revocation of license.)**

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