

FILED AUG 11 1942 668

Registration District No. 668

Primary Registration District No. 5889

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, Mo. (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 2, 8 miles/southeast Sedalia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2- 8 miles southeast
Sedalia (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Georgia Alice Gorham

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

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

6. (b) Name of husband or wife Benjamin S. Gorham 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 24, 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name David Cramer

13. Birthplace unknown 9

14. Maiden name Virginia Stevens

15. Birthplace unknown 9

16. (a) Informant Mrs. Elmer Dillon (dau)

(b) Address Route 2, Sedalia, Mo.

17. (a) Burial (b) Date thereof July 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Dorcas Ewing

(b) Address Sedalia, Missouri

19. (a) July 24 1942 Mrs Anna Fergler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1942 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from July 11 1942 to July 23 1942
that I last saw him alive on July 22 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to _____

Due to _____

Other conditions arteriosclerosis
(Including pregnancy within 3 months of death)
Possibly Intestinal Meligiosis

Major findings: Of operations _____

Of autopsy 93

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 W. B. Stammer (M. D. or other)

Address Sedalia, Mo. Date signed 7/24/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

8-7-42

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, fact should be so stated above.