

FILED FEB 14 1944

State File No. _____

Registration District No. 132

Primary Registration District No. 5474

Registrar's No. 200

1. PLACE OF DEATH

(a) County Grundy
 (b) City or town JEFFERSON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution R.F.D. # 5 Trenton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 78 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
 (c) City or town Trenton
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 5 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

JESSE W. GULLEY

(b) If veteran, name war _____

(c) Social Security No. NONE

4. Sex MALE 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Netta Gulley
 (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Dec 22 1862
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 9 - hr. - min

9. Birthplace Franklin Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER
 12. Name Jesse Gulley
 13. Birthplace Franklin Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Alice Hamilton
 15. Birthplace Franklin Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Roger A. Gibson
 (b) Address R.F.D. Trenton Mo.

17. (a) burial (b) Date thereof Jan 21 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest, Trenton

18. (a) Signature of funeral director Roger A. Gibson

(b) Address Trenton Mo.

19. (a) 1-14-44 (b) D. Roberts
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
 year 1943 hour 1:50 minute 7 M.

21. I hereby certify that I attended the deceased from Sept 1st
1943 to Dec 31st 1943
 that I last saw him alive on Dec 30th 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis 1 year
 Duration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)
93d

Major findings: 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 _____
 (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) Means of injury None

23. Signature Dever R. Gifford (M. D. or other)
 Address Trenton, Mo. Date signed 1-14-44

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

2
43
39
35897

APR 16 1938

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.

Myself

Registered Apprentice No.....

Signed.....

James A. Lewis

Licensed Embalmer No.....

3424

P. O. Address.....

Drenton, 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, fact should be so stated above.