

3. No. 2
1-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41394
Registrar's No. 16-45

FILED JAN 5 1945

Registration District No. 167

Primary Registration District No. 5594

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL MERAMEC TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
OWN HOME Cedar Hill Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 MONTHS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON
(c) City or town RURAL MERAMEC TOWNSHIP
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MICHAEL ALLEN GHORMAY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased SEPT. 28 - 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace MOUNTAIN VIEW MO
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

12. Name ALLEN J. GHORMAY

13. Birthplace BEAUMONT TEXAS
(City, town, or county) (State or foreign country)

14. Maiden name ETOLVA HOSS

15. Birthplace BLAND MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herbert Ficken

(b) Address Cedar Hill Mo

17. (a) Burial (b) Date thereof 12-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Martin's Cem. Dutton Mo

18. (a) Signature of funeral director John H. Brimmer

(b) Address House Springs Mo

19. (a) 20 Nov 1944 (b) J. L. Townsend
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 20th day 1944
year _____ hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from Dec 20th 1944 to 21 1944;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation
Not a natural cause

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 1950
199

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: 050
(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) Means of injury 3

23. Signature D. Biston Edwards (M. D. 1944)
Address Cedar Hill Mo Date signed 12/20/44

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

28
1-45

386

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1945

JAN 30 1945

JAN 30 1945

JAN 30 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-4-45

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.....

Not Embalmed

working under my personal supervision.

Registered Apprentice No.....

Signed *John H. Brewer*

Licensed Embalmer No. 1470

P. O. Address House Springs, 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.