

FILED SEP 18 1945

Registration District No. **155**

Primary Registration District No. **5579**

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Merical
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper 60 TB Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 months
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jasper R Gourley

3. (b) If veteran, name war no 3. (c) Social Security No. 509-20-2388

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

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

7. Birth date of deceased April 16 1883
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 25 If less than one day hr. _____ min.

9. Birthplace Caro Ill
(City, town, or county) (State or foreign country)

10. Usual occupation miner

11. Industry or business _____

MOTHER FATHER { 12. Name Annure Gourley

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

14. Maiden name Elizabeth Mangum

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

16. (a) Informant Records

(b) Address _____

17. (a) Burial (b) Date thereof Aug 13 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Walt City and Co

(b) Address Walt City

19. (a) Aug 11 1945 (b) Mr. J. L. Eagle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. 703 East 12th Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1945 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from May 21 1945, to Aug 10 1945
that I last saw him alive on Aug 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

(c) 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 _____

23. Signature J. E. Dungan (M. D. or other)

Address Walt City, Mo. Date signed 8/10/45

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

45-8-729

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 Myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.