

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** APR 10 1946  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8561

State File No. \_\_\_\_\_  
Registrar's No. 306

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF BIRTH:  
(a) County Beechbarn  
(b) City or town St. Joseph  
(c) Name of hospital or institution: Sanambulance enroute to Meth. Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community abt 25 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Beechbarn  
(c) City or town St. Joseph  
(d) Street No. 3501 St. Joseph Ave  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM-C-GULLEY  
(b) If veteran, name war NO  
(c) Social Security No. 491-09-7288

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 13 year 1946 hour about minute 10 a M.  
21. I hereby certify that I attended the deceased from 3-4-46 19 to 3-13-46 19  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Wh  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Hattie  
(c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Nov 18 1895  
(Month) (Day) (Year)

I last saw him alive on 3-13-46  
Immediate cause of death coronary occlusion

8. AGE: Years 50 Months 3 Days 25  
If less than one day hr. min.

Due to chronic heart disease  
Duration 10 min  
Due to \_\_\_\_\_  
Duration 5 yrs.

9. Birthplace Near Lawson Mo.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy NO

10. Usual occupation Bus operator for St. Joseph T.R. Ry. Power Co.  
11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name William Gulley  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Blackwell  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

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 glare) (e) Means of injury \_\_\_\_\_

16. (a) Informant Hattie Gulley  
(b) Address St. Joseph  
17. (a) \_\_\_\_\_ (b) Date thereof Nov. 15-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lawson Mo.

23. Signature W. J. ...  
Address St. Joseph, Mo. Date signed 3-14-46

18. (a) Signature of funeral director St. James Funeral Home  
(b) Address St. Joseph, Mo.  
19. (a) March 16-1946 (b) W. J. ...  
(Date received local registrar) (Registrar's signature)

AUG 12 1945

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 John Roy Plummer

Licensed Embalmer No. 2435

P. O. Address St. Joseph Hill

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.