

FILED APR 22 1948

Registration District No. **73**

Primary Registration District No. **5291**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County: **Clay**
(b) City or town: **Liberty, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **R# 1 at Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **all her life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Clay**
(c) City or town: **Liberty**
(If outside city or town limits, write "RURAL")
(d) Street No.: **Route #1** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: **SALLIE GORMAN**

3: (b) If veteran, name war: **no** 3. (c) Social Security No.: **none**

4. Sex: **Female** 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: **April 23 1876**
(Month) (Day) (Year)

8. AGE: Years: **71** Months: **11** Days: **5** If less than one day: _____ hr. _____ min.

9. Birthplace: **Liberty, MO**
(City, town, or county) (State or foreign country)

10. Usual occupation: **House keeping**

11. Industry or business: _____

12. Name: **Mrs. Gorman**

13. Birthplace: **Clay, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name: **Katherine Desmond**

15. Birthplace: **Clay, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Joe Gorman**

(b) Address: **R# 1 - Liberty, Mo.**

17. (a) **Burial** (b) Date there: **Mar 30 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Funerary Liberty, Mo**

18. (a) Signature of funeral director: **Charles Weber**
(b) Address: **Liberty, Mo.**

19. (a) **March 29 1948** (b) **Minnie Hayes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **March** day: **28**
year: **1948** hour: **8** minute: **15** A.M.

21. I hereby certify that I attended the deceased from **29 Jan 48** to **28 March 1948**
that I last saw her alive on **28 March 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary occlusion** Duration: **3 hrs**

Due to: **Coronary Sclerosis** 1077

Due to: _____

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

Major findings: _____
Of operations: **gyp**
Of autopsy: _____

PHYSICIAN

Underline the cause of death which 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? _____ (Specify type of place)

While at work? _____ (e) Means of injury: **0**

23. Signature: **Tom Stelman** (M. D. or other) **MD**
Address: **Liberty, Mo** Date signed: **29 April 48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-19-48

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 _____

Harold H. Smith

Registered Apprentice No. 33

working under my personal supervision.

Signed:

John L. Loberg

Licensed Embalmer No. 4448

P. O. Address Liberty 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.