

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

2
43
39
37823

FILED AUG 11 1948

Registration District No. 175

Primary Registration District No. 4276

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Lamar
(b) City or town Prince City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wentworth Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Princeton City
(If outside city or town limits, write "RURAL")
(d) Street No. 1315 Bellevue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William GURNEY

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 27 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Painter & Paperhanger

11. Industry or business _____

12. Name James W. Gurney 4
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Carolina William
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Judith Kray
(b) Address Prince City Mo

17. (a) Removal (b) Date thereof June 20 1948
(Burial, ~~removal~~) (Month) (Day) (Year)
(c) Place: burial or cremation (Forest Hill Cemetery)

18. (a) Signature of funeral director (Weilert Funeral Home)
(b) Address 2330 Monitor Place, K.C. 8 Mo.

19. (a) July 27-48 (b) Opal McNamee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1948 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from June 17 1948 to June 19 1948
that I last saw him alive on 6-17-48 1948 and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia Duration 5 days
Due to myocarditis + cardiac insufficiency YRS
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 Of autopsy 93
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) (e) Means of injury _____

23. Signature F.J. Moennighoff (M. D. or other) _____
Address Monett Mo Date signed 6/21/48

RECEIVED

District Health Officer No. 6;

District File Number 848-845

Date Filed AUG 10 1948

AUG 27 1948

AUG 12 1948

JUN 22 1959

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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Mount, 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.