

No. 2
-11-10-39
5-7-39
21492

Registration District 1003 OCT 1 1940 Primary Registration District No. 6240 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Butterfield
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community about 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Butterfield
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME WALTER DAVID GURLEY
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 17th
year 1940 hour 7 minute 30 P. M.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Gurley 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased March 10, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 16, 1940 to Sept. 16, 1940, that I last saw him alive on Sept. 16, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 6 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death This patient was in a dying condition when I saw her. History of being a Due to Syphilis. I was just returned from Insane Hospital. Due to I do not know the cause of death.
Duration _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Granby Missouri
(City, town or county) (State or foreign country)
10. Usual occupation Farmer

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Newton Gurley
13. Birthplace Madison County Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Cook
15. Birthplace Madison County Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant H. H. Gurley
(b) Address Butterfield, Missouri
17. (a) Burial (b) Date thereof Sept. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clark

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? 32
(Specify type of place) _____
While at work _____ (3) Means of injury _____

18. (a) Signature of funeral director Keon Funeral Home
(b) Address Cassville Mo.
19. (a) Sept 24 1940 (b) Donald Blankenship
(Date received local registrar) (Registrar's signature)

23. Signature Glenn T. Salyer (M. D. or other) _____
Address Cassville Mo. Date signed _____

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

RECEIVED

District Health Officer No. 6,

District File Number 1040-2633

Date Filed OCT 1 1940

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.....

Rufus J. Miller

Licensed Embalmer No.....

3794

P. O. Address.....

Cassville, 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, above space should be left blank.