

No. 2
-1-4-41
5-17-39
x2330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7119**
Registrar's No. **2**

D MAR 12 1943

Registration District No. **243** Primary Registration District No. **4364**

73
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **NEWTON**
(b) City or town **Stella**
(c) Name of hospital or institution: **Stella Hospital**
(d) Length of stay: **3 days**
In this community **3 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Barry**
(c) City or town **Purdy**
(d) Street No. **1**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Amos Mason Gurley**
(b) If veteran, name war _____ (c) Social Security No. **194-18-7941**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **6**
year **1943** hour **6:00** minute **A.M.**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Nancy Gurley**
7. Birth date of deceased **January 9 1870**

21. I hereby certify that I attended the deceased from **2-3** 19**43** to **2-6** 19**43**
that I last saw him alive on **Feb 6** 19**43**
and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **0** Days **27**
If less than one day hr. min.

Immediate cause of death: **Perforated gastric ulcer**
Due to **11 Ma**
Duration **3 day**

9. Birthplace **Newton County Missouri**

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Banker**

11. Industry or business **Banking**

MOTHER FATHER { 12. Name **George W. Gurley**
13. Birthplace **Kingston, ARKANSAS**
14. Maiden name **Tennessee Combs**
15. Birthplace **Kingston, ARKANSAS**

Major findings: **Perforated gastric ulcer**
Of autopsy:

16. (a) Informant **Amos Gurley, Jr.**
(b) Address **#401 Buchanan Ave. Ft. Worth Tex**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) **Burial** (b) Date thereof **Feb 8 1943**
(c) Place: burial or cremation **Purdy Cemetery**

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

18. (a) Signature of funeral director **Blankenship**
(b) Address **Monett - Curdy Mo**

19. (a) **Feb-15-43** (b) **Alpha R Hale**
(Date received local registrar) (Registrar's signature)

23. Signature **J. J. Baldwin** (M. D. or Other) _____
Address **Purdy Mo** Date signed **2-9-43**

1317

(Licensed Embalmer's Statement on Reverse Side)

Date Received MAK 6 1943

File No. 243-18

See Record
1943

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..... *L. H. Blankenship*.....

Licensed Embalmer No. *2397*

P. O. Address *Menett, 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.