

No. 2
1-10-39
17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17593**
Registrar's No. **2120**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2120**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Loretta Gwen Goe *OGD*

3. (b) If veteran, name war None 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 August 15 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 9 7 hr. min.

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

10. Usual occupation Infant

11. Industry or business -----

12. Name Tom A. Goe

18. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Bauer

15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Tom A. Goe

(b) Address 6620 E. 16th Terrace

17. (a) Burial (b) Date thereof May 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 23, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 6620 East 16th Street Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1940 hour 8:05 pm M.

21. I hereby certify that I attended the deceased from May 19
1940 to May 22, 1940
that I last saw her alive on May 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bacterial - Toxic - Bronchitis 3 days

Due to Septic Hemiplegia
Due to 10/10

Other conditions Bronchopneumonia Secondary Pulmonary Edema

Major findings: Congenital Edema
Of operations -----
Of autopsy -----

Duration
3 days
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?
(Specify type of place) (e) Means of injury 1
While at work -----
23. Signature John P. Baker (M. D. or other)
Address 1226 Park Blvd Date signed 5-21-40

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

MOTHER FATHER

Goe

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

George M. Collier

Licensed Embalmer No. *3839*

P. O. Address

D. C. 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.