

S. No. 2
-11-10-39
5-17-39
I X21492

State File No. **27470**
3103

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. _____

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 41 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2414 Jackson Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Mr. Andrew Alexander Gowdy

3. (b) If veteran, name war None 3. (c) Social Security No. 496-16-9097

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Emily Marie Gowdy 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased November 13 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Guelph, Ontario Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Thomas Gowdy

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Moore

15. Birthplace Acton, Ontario Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emily M. Gowdy

(b) Address 2414 Jackson

17. (a) Burial (b) Date thereof August 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1111 Mt. Moriah Cemetery

18. (a) Signature of funeral director. D. H. Newcamer son

(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 3, 1940 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from July 30, 1940 to Aug 1, 1940 that I last saw him alive on July 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death:
Ch. Congestive Arteriosclerosis
Ch. Coronary Arteriosclerosis
Ch. Fibrous Pericarditis
Due to Gargal Arteriosclerosis
Ch. Bright Disease
Ch. Pulmonary Congest
Other conditions 131
(Include pregnancy within 3 months of death)

| Duration |
|----------|
| <u>2</u> |
| <u>2</u> |

Major findings:
Of operations _____
Of autopsy As shown above

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 D. H. Newcamer (M. D. or other) _____
Address 1401 Brush Creek Blvd. Date signed 8/7/40

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

MOTHER FATHER

120

7100-6001 24 in process
1:30-5-

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.