

FILED MAR 14 1941

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
(Specify whether life)
In this community life
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. 2760 Cherry St.
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th
year 1941 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2-24-41 1941 to 2-24-41 1941
er 2-24-41 1941
that I last saw h. er alive on 2-24-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Old right mastoidectomy ^{Duration}
and degeneration of right sphenoid.
with abscess right temporal lobe

Due to _____
Due to 89 B
Other conditions 44 B
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy See 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 D
23. Signature Gregory P. Thom (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed _____

3. (a) PRINT FULL NAME FRANCES GOREN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John R Goren 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Oct 9 1890
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Goren
13. Birthplace Unknown 19
(City, town, or county) (State or foreign country)
14. Maiden name Mollie Allen
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John R Goren
(b) Address 2760 Cherry

17. (a) Burial (b) Date thereof 2/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Ray E Snover
(b) Address 2315 Greenwood
19. (a) 2-26-41 (b) M. M. Crause
(Date received local registrar) (Registrar's signature)

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

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..... *Ray E. Snow*

Licensed Embalmer No. *2560*

P. O. Address. *1807 E 29th*

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.