

FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7138
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Blue Primary Registration District No. 3019
(c) City Independence (d) Sheet No. 1 Registered No. 44
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

CLIFFORD LYLE GOONEY
(a) Residence, No. 307 W College (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S (D)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 - 41

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

FATHER 13. NAME Roy Gassmy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Grove Mo.

MOTHER 15. MAIDEN NAME Mrs. Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Valley Mo.

17. INFORMANT (ADDRESS) The Roy Gassmy Ind 707 W College

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mo DATE 2-11-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. L. Cook Oak Grove Mo

20. FILED Feb 11 1941 F. L. Cook M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10th 1941

22. HEREBY CERTIFY, That I attended deceased from Feb 9, 1941, to Feb 10, 1941
I last saw him alive on Feb 9, 1941. Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Bilateral
Spina bifida
Other contributory causes of importance: —

Date of onset Feb 9 1941
10/10
Congenital

Name of operation none Date of —
What test confirmed diagnosis? chest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) — M. D.
(Address) Oak Grove Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *R. B. West*

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITINGS (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.