No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27544
3202

Registration District No. 399 Primary Registration District No. 1802 Registrar's No.

48
3
8

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

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Da. (Specify whether
In this community 14 yrs. 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3826 Warwick
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME IDA GOOCH
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife William Gooch
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 14 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
85	4	10	hr. min.

9. Birthplace Near Wabash (City, town, or county) Indiana 1 (State or foreign country)
10. Usual occupation House Caper
11. Industry or business Home
FATHER
12. Name Unk Anderson
13. Birthplace (City, town, or county) USA 1 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) USA 1 (State or foreign country)
16. (a) Informant Mrs Maud Banta
(b) Address 3820 Warwick K.C. Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 25 '41 (Month) (Day) (Year)
(c) Place: burial or cremation South Point Quick Mo
18. (a) Signature of funeral director GIBSON & SON FUNERAL DIRECTORS
(b) Address Quick Mo
19. (a) 8/24/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 24 day
year 1941 hour 11 PM minute M.
21. I hereby certify that I attended the deceased from 8/21 1941 to 8/24 1941
that I last saw her alive on 8/24 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	4 days
Due to Fall: impacted fracture of right hip	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1869	
Major findings: Of operations 18	
Of autopsy	

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) Acc
(b) Date of occurrence 8-21-41 123
(c) Where did injury occur? X 6 (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)
While at work? (e) Means of injury
23. Signature D R Russell (M. D. or other) Fad
Address 3231 E. 11 St. Date signed 8/26/41

(Licensed Embalmer's Statement on Reverse Side)

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.....E. C. Gibson.....

Licensed Embalmer No.....4137.....

P. O. Address.....Orrick Mo.....

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

If this body is not embalmed, fact should be so stated above.