

0-2
-4-41
17-39
X26390

FILED OCT 13 1941

Registration District No. 399

Primary Registration District No. 1002

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:
412 Marsh Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 59

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 412 Marsh Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary A. Gooch

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from June-18-1941
1941 to _____, 19____;

that I last saw her alive on June 18 - 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Herbert B. Gooch

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 10 1850
(Month) (Day) (Year)

Immediate cause of death Congestive Heart Failure

Duration _____

8. AGE: Years Months Days If less than one day

90 9 24 hr. _____ min.

Due to Small Pevian Hypertension

Due to 93E

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown Grimes

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

14. Maiden name Unknown

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

16. (a) Informant Miss Florence Gooch

(b) Address 412 Marsh Avenue

17. (a) Burial (b) Date thereof Sept. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director S. H. Newcomer, Solo

(b) Address 1401 Brush Creek Blvd

19. (a) 9/6/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 93E

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) _____

(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 Paul B. Johnson (M. D. or other) MD

Address 5400 Lindsey Ave Date signed 9/6/41

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

1:30-5:30

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. J.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, fact should be so stated above.