

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37438

State File No. \_\_\_\_\_  
Registrar's No. **4233**

DEC 22 1941  
Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH **Jackson**  
(a) County **Kansas City**  
(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 **6 days**  
In this community **45 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **JOE GORE**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **Stella Mae Gore**  
6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **May 12 1872**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **6** Days **0**  
If less than one day hr. min.

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

10. Usual occupation **Carpenter**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Valentine Gore**  
13. Birthplace **Salem Illinois**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Leona McGwha**  
15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Eugene V. Gore**  
(b) Address **3622 Chestnut**

17. (a) **Burial** (b) Date thereof **11//5/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Mrs. C. L. Forster**  
(b) Address **918 Brooklyn**

19. (a) **11-14-41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **048**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1010 East 12th.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **12th**  
year **1941** hour **3** minute **40 A.** M.  
21. I hereby certify that I attended the deceased from **11-6-41**, 19, to **11-12-41**, 19, that I last saw him alive on **11-12-41**, 19, and that death occurred on the date and hour stated above.

Immediate cause of death **MYOCARDIAL INSUFFICIENCY**

Due to **93 E**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy **None**  
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? \_\_\_\_\_

(Specify type of place) While at work \_\_\_\_\_  
(Specify means of injury) \_\_\_\_\_  
23. Signature **Mary C. Shore** (M. D. or other) \_\_\_\_\_  
**Med. Dir. K.C. Gen. Hospital, K.C. Mo.**  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

non-embalmed

**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 *me*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *J. Clair Sapp*  
Licensed Embalmer No. *4179*  
P. O. Address: *J. L. No.*

**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.**