

FILED AUG 11 1942

Registration District No. 698

Primary Registration District No. 5927

Registrar's No. 6

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

1. PLACE OF DEATH:
 (a) County Platte
 (b) City or town Rushville (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5 Miles south of Rushville /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Entire Life years, months or days)

3. (a) PRINT FULL NAME Mary Ann Gore
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Thoman Gore 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased November 6 1866
 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____
 12. Name Cleveland Black
 18. Birthplace Don't know, Virginia /
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Black
 15. Birthplace Rushville Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Ruby Robbins
 (b) Address Salina Kansas

17. (a) Burial (b) Date thereof 7/16/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sugar Creek

18. (a) Signature of funeral director Sawin - Douglass
 (b) Address Atchison, Kansas

19. (a) 7-16-42 (b) Mrs Clay Siffce
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte
 (c) City or town Rushville (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5 Miles south of Rushville
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 14
 year 1942 hour 11 minute AM

21. I hereby certify that I attended the deceased from 6:29 July 10 1942
 that I last saw her alive on July 10 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Chronic fibrous myocarditis
Chronic Bronchitis
 Due to General arteriosclerosis
Atherosclerosis
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____

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 type of place) (e) Means of injury _____
 23. Signature Wayne O. Hall (M. D. or other) _____
 Address 500 1/2 Canal, Atchison Date signed 7-15-42

Physician
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. Platte

District File Number 8-42-65

Date Filed 8-10-42

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 _____

Licensed Embalmer No. 3113

P. O. Address Platte, Kan

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, above space should be left blank.