

FILED DEC 31 1942
Registration District No.

Primary Registration District No. 1002

Registrar's No. 4822

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:
Ambulance on Way to General Hospital 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community 23 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2614 Monroe
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME ROY NELSON GOSNELL
 3. (b) If veteran, name war No
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 23
 year 1942 hour 7 minute 30 P.M.

4. Sex Male 5. Color or Race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ruth
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased Oct. 12, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Crown, 19.....
 that I last saw him alive on....., 19.....
 and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 2 Days 111
 If less than one day hr. min.

Immediate cause of death.....
Coronary occlusion
Chronic adhesive pericarditis
 Due to 9/4/42

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Poultry Business
 11. Industry or business Self

Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy See above

MOTHER FATHER

12. Name Alvin Gosnell
 13. Birthplace Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Emma Old
 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ruth Gosnell
 (b) Address 2614 Monroe
 17. (a) Burial (b) Date thereof Dec. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address Kansas City, Mo.
 19. (a) Dec 26 1942 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

(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..... (e) Means of injury.....
 23. Signature R. C. M. (M. D. or other) 3
 Address R. C. M. Date signed 12/24/42

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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..... *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *110 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.