

5. No. 2  
1-5-42  
5-17-39  
P1 X32873

39704

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 18 1942

Registration District No. 144

Primary Registration District No. 1002

Registrar's No. 4569

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital # 2.  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 7 days.  
(Specify whether years, months or days)

In this community 20 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 3512 W. 1st  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

18558

3. (a) PRINT FULL NAME BENJIMAN GOULD.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 487-12-6547

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5 year 1942 hour 3:00 minute P. M.

4. Sex M 5. Color or race Negro.

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

6. (b) Name of husband or wife WILLIAMAE GOULD

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased. Mar. 12 1895  
(Month) (Day) (Year)

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

Deputy Coroner

8. AGE: Years 47 Months 8 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Structure of Patella  
Cellulitis of left leg and thigh

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Little Rock, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business Hercules Powder Co.

12. Name Preston David

13. Birthplace Dan's River, Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Dan's River

15. Birthplace Dan's River No. Carolina  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy yes

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

16. (a) Informant Willa Mae David

(b) Address 3512 W. 1st

17. (a) Burial (b) Date thereof 12-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Car fall 12-3

(b) Date of occurrence Nov 7-42

(c) Where did injury occur? N.C. Jackson MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Yes near 3337 Raytown Rd  
(Specify type of place)

While at work? no (c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director N.W. Thatcher

(b) Address 1520 N. 15th Street

19. (a) 12-9-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

23. Signature J.P. Richardson (M. D. or other) \_\_\_\_\_

Address 1832 Vine Date signed 12-7-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

0

**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

*L. Harris, Sr.*

Licensed Embalmer No. *3388*

P. O. Address *K.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.**