S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1105

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 254

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: 1010 Prospect Avenue 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -------
(Specify whether
In this community 43 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1010 Prospect Avenue
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Canada 0

3. (a) PRINT FULL NAME Mrs. Emily Maria Gowdy

3. (b) If veteran, name war No
3. (c) Social Security No. none

4. Sex Female
5. Color or race White 1
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Mr. Andrew A. Gowdy
6. (c) Age of husband or wife if alive ------- years
7. Birth date of deceased April (Month) 11 (Day) 1869 (Year)

8. AGE: Years 73 Months 9 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Guelph (City, town, or county) Canada 2 (State or foreign country)
10. Usual occupation At Home
11. Industry or business -------
12. Name William Cooley
13. Birthplace Ontario (City, town, or county) Canada 2 (State or foreign country)
14. Maiden name Mary Ellen Beimer
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

MOTHER FATHER

16. (a) Informant Thomas H. Gowdy
(b) Address ~~2440 Cypress~~ 1030 Central
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt. Moriah Cemetery
18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 1-18-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th year 1943 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug. 1941 to 1/15 1943 that I last saw her alive on 1/15 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary	12 hrs
Due to Coronary arteriosclerosis	
Organic heart disease	
Due to	
Other conditions Arteriosclerosis - Hyperbiotic (Include pregnancy within 3 months of death)	

Major findings: Of operations none 95 c
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? ✓ (e) Means of injury
23. Signature D. D. Edmonds (M. D. or other)
Address 4800 E. 24th St. Date signed 1/16/43

(Licensed Embalmer's Statement on Reverse Side)

4800 [illegible] Street
1:30.5:[illegible]

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Death

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No. 1105-43
Local Registrar's No. 254

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of May, 1947, before me appears Thomas W. Gourdy Jr., who, upon his oath, states that the original record of ~~birth~~ death for Emily Maria Gourdy, ~~born~~ died Jan. 15, 1943, in the State of Missouri, and which was filed at K.C., Mo. on 1-18, 1943, should be corrected as follows:

Item No. 16 b should read 1037 Central

Instead of 2440 Cypress

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Thomas W. Gourdy Son
Relationship.

1037 Central
Present Address.

Subscribed and sworn to before me this 21st day of May, 1947.

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
d1iw50M—4-43
1 X36667

1105