

FILED DEC 3 1943

State File No. 3727

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4804

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: 1610 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME HARRY E. GORSUCH

3. (b) If veteran, name war: —
3. (c) Social Security No. 493-12-6794

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Emma Gorsuch
6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov 13 1875
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 0
If less than one day hr. min.

9. Birthplace Peoria Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Brick layer

11. Industry or business
MOTHER FATHER { 12. Name Joseph Gorsuch
13. Birthplace Ill 1
14. Maiden name Carrie Stelwell
15. Birthplace Ill. 1

16. (a) Informant Mrs. Weaver
(b) Address 1620 Jefferson

17. (a) Burial, cremation, or removal Green Lawn Cemetery
(b) Date thereof Nov 16-43
(Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director C.A. Theron
(b) Address 2512 Holmes St

19. (a) 11-15-43 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

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. 1610 Jefferson (If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1943 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Emergency
Nov 13 1943 to — 19—
that I last saw him alive on Nov 13 11:00 A.M. 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Bright's Dis. & Kidney
Due to arteriosclerosis
Other conditions (include pregnancy within 3 months of death) 131N

Major findings: Of operations —
Of autopsy —
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) no
(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?

While at work? no (Specify type of place) (e) Means of injury —
23. Signature Fred A. Hummer (M. D. or other)
Address 1311 Indiana Ave Date signed 11-14-43

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

461

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 P. G. Thairson

Licensed Embalmer No. 5361

P. O. Address 2513 / 16th St

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.