S. No. 2
OM—2-43
ev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

Registration District No. 799

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40997

Registrar's No. 5069

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: 7325 SUMMIT STREET / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---

In this community 62 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 8

(d) Street No. 7325 SUMMIT STREET (If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME MRS. JENNIE JUNE GOOCH

3. (b) If veteran, name war NO

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 MR. FRANK A. GOOCH

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased MARCH (Month) 29 (Day) 1880 (Year)

8. AGE: Years 63 ~~67~~ Months 8 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace SPRINGHILL (City, town, or county) KANSAS / (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business ---

FATHER

12. Name SIMEON ELLIOTT

13. Birthplace INDIANA / (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name MARY GASAWAY

15. Birthplace INDIANA / (City, town, or county) (State or foreign country)

16. (a) Informant MR. FRANK A. GOOCH

(b) Address 7325 SUMMIT STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-2-1943 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FOREST HILL CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-2-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 30TH year 1943 hour 1 minute 22 P.M.

21. I hereby certify that I attended the deceased from Nov 22, 1943, to Nov 30, 1943 that I last saw her alive on Nov 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia — Duration 7 days

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 450 0

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)

(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 A CRagan (M. D. or other)

Address 404½ W 7th Date signed 12.1.43

(Licensed Embalmer's Statement on Reverse Side)

4041/2 West 95th Street
4-6

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.