

2-43
7-39
X35697

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 139

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: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 30 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1305 Troost
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Laura E Goble

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex fe 5. Color or race wh

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

6. (b) Name of husband or wife John Goble

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

Birth date of deceased Sept 2 1859
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>84</u> | <u>4</u> | <u>8</u> | hr. min. |

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

10. Usual occupation at home

11. Industry or business _____

12. Name J. Ellison

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

14. Maiden name Ellison

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

16. (a) Informant Mrs. Wesley Oswald

(b) Address 1305 Troost

17. (a) Removal (b) Date thereof 1-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yopelka Rd.

18. (a) Signature of funeral director Mrs. C. K. Foster

(b) Address 918 Broadway

19. (a) Jan 18 1944 (b) J. E. Brown
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12/18/43 to 1/10/44, 19____ to 19____

that I last saw him alive on 1/10/44 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to Cerebral arteriosclerosis

Due to 0.34

Other cause Chronic pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Chronic

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 J. E. Brown (M. P. of registrar)

Address 1109 Prof. Bldg. Kew Date signed 1/11/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Handwritten notes:
11/11/19
11/11/19
11/11/19

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 *Thomas A. Redmon*

Licensed Embalmer No. *27037*

P. O. Address *P.O. Box*

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.