

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4066

1. PLACE OF DEATH:

(a) County JACONSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #1
7601 WORNALL ROAD COLONIAL REST HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 MONTHS
(Specify whether
In this community 7 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACONSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 7601 WORNALL ROAD
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. JENNIE DOBYNS GOTSHALL

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 WIDOWED
6. (b) Name of husband or wife MR. CARTER GOTSHALL
6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased MAY 20 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 19
If less than one day .hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name JOHNSTON McCLARY

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

14. Maiden name MARY DOBYNS
(City, town, or county) (State or foreign country)

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

16. (a) Informant MISS LILLIAN GOTSHALL
(b) Address 7601 WORNALL ROAD

17. (c) BURIAL (b) Date thereof OCT-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GILMAN CITY MO.

18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK CREEK BLYD

19. (a) 10-10-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 9TH
year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10:30 P.M. to 11:30 P.M. Sept 15th 1944
that I last saw her alive on Oct 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Hypertension
Duration 6 mo
30 yrs
94 a

Other conditions (Include pregnancy within 3 months of death) Myocarditis

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?

While at work (Specify type of place) (e) Means of injury

23. Signature J. H. ... (M. D. or other) ...
Address 901 West ... Date signed Oct 10 1944

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

MOTHER FATHER

901 Westport Road

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 *K. C. Newman Jr.*

Licensed Embalmer No. 4043

P. O. Address *K. C. Newman Jr.*

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.