

**FILED** JUL 19 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2851

**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:  
6825 Locust Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no.  
 In this community 55 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson, 48  
 (c) City or town Kansas City 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6825 Locust Street, 8  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

**3. (a) PRINT FULL NAME** Erle G. Gossard  
 3. (b) If veteran, name war World War #1  
 3. (c) Social Security No. none

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced divorced  
 6. (b) Name of husband or wife unknown  
 6. (c) Age of husband or wife if alive X years  
 7. Birth date of deceased June 24 1891  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>0</u>	<u>2</u>	hr. mid.

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

10. Usual occupation Owner Exchange Printing Co.

11. Industry or business Printing

**MOTHER FATHER**  
 12. Name Frank P. Gossard  
 13. Birthplace Ohio  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Hollie Schmack  
 (City, town, or county) (State or foreign country)  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant F. P. Gossard,  
 (b) Address 2050 W. 68th St., Kansas City, Mo

17. (a) burial (b) Date thereof 6-28-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure  
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-27-46 (b) Sheraldine Holmes  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month June day 26  
 year 1946 hour 8:10 minute A. M.  
 21. I hereby certify that I attended the deceased from Coron, 19  , to   , 19  ;  
 that I last saw h   alive on   , 19  ;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Right + Left Coronary Occlusion  
 Due to   

Due to   

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations   

Of autopsy yes as above

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    3

23. Signature    (M. D. or other)     
 Address    Date signed 6-26-46

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

19148

AS.

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**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..... Robert H Reed .....

Licensed Embalmer No..... 3745 .....

P. O. Address..... 14C 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.**