S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23621

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3166

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: 4
GROSSE NURSING HOME; 3918 CHARLOTTE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether
In this community 21 YEARS 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. 6829 SOUTH BENTON 5
(If rural, give location) J
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - - - -

3. (a) PRINT FULL NAME MRS. CLARA L. GOSNEY
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 EARNEST W. GOSNEY
6. (c) Age of husband or wife if alive - - - - - years
7. Birth date of deceased MAY (Month) 15 (Day) 1871 (Year)

8. AGE: Years 75 Months 2 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace BENTON COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business - - - - -
MOTHER FATHER
12. Name JOHN L. PURNELL
13. Birthplace NATCHEZ (City, town, or county) MISSISSIPPI (State or foreign country)
14. Maiden name MARY RIDDLE
15. Birthplace NATCHEZ (City, town, or county) MISSISSIPPI (State or foreign country)
16. (a) Informant MRS FRANK CHAMBERS
(b) Address 6829 SOUTH BENTON
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 21 1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ CALHOUN, MISSOURI
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 7-20-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18TH year 1946 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 12, 1946, to July 18, 1946, that I last saw him alive on July 18, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Bronchopneumonia	2 days
Dry Gangrene - Lt. Foot	3 days
Due to Chronic Myocarditis +	
Arteriosclerotic Heart Disease	10 yrs.
Due to Generalized Arteriosclerosis	10 yrs.

Other conditions (Include pregnancy within 3 months of death) 93 A

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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? — (Specify type of place) (e) Means of injury —

23. Signature Ruth A. Hardacre (M. D. or other) M.D.
Address 4247 Troost Ave. - K.C., Mo. Date signed 7-19-46

(Licensed Embalmer's Statement on Reverse Side)

4241 Broad Avenue
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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.