

S. No. 2  
-12-45  
5-17-39  
PI X47070

FILED NOV 5 1946  
Registration District No. 111

Primary Registration District No. 1002

Registrar's No. 4405

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: Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 55 days  
In this community 45 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8509 Morrell  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LETTIE VIOLA GORMAN

3. (b) If veteran, name war None 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 John T. Gorman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 15, 1869  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER-FATHER { 12. Name Stephen Wm. Osborne  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Antoinette Sykes  
15. Birthplace Vermont  
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy Ann Gorman  
(b) Address Winona, Minnesota

17. (a) Burial (b) Date thereof Oct. 21, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo. C. Carson  
(b) Address Independence, Missouri  
19. (a) 10-21-46 (b) Geraldine Helmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18  
year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 22, 1946, to Oct 18, 1946  
that I last saw her alive on Oct 17, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinoma involving pleural & abdominal cavities & organs  
Due to Broncho-pulmonary carcinoma chronic obstructive

Duration

6 mo + 9 mo + 20 days

Other conditions (Include pregnancy within 3 months of death) 47c

Major findings: Of operations \_\_\_\_\_

Of autopsy Chronic bronchopulmonary carcinoma Abdominal lymph glands - Rt lung

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 Joseph E. Selker (M. D. or other) MD  
Address 836 Prof Bldg Date signed 10/21/46

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

33549

**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.....

*R. A. Lisle*

Licensed Embalmer No. ....

4123

P. O. Address.....

*Independence, 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.**