

FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

40599

Registration District No. 149Primary Registration District No. 1002Registrar's No. 5316

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: 4019 Warwick
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX
 (Specify whether
 In this community 24 years
 years, months or days)

3. (a) PRINT FULL NAME FRANK R. GOSNEY

(b) If veteran, name war No (c) Social Security No. None

4. Sex Fe | 5. Color or race Wh | 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna L. Gosney 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased September 22 1871
 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 26 If less than one day
 hr. _____ min. _____

9. Birthplace Ray County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

12. Name John R. Gosney

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

14. Maiden name Arabella Daugherty
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. O. Ray Penick

(b) Address 510 E. 77th St.

17. (a) Burial (b) Date thereof 12-21-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin, Mo.

18. (a) Signature of funeral director J. W. Wagner
Kansas City, Mo.

(b) Address _____

19. (a) 12-19-46 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

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. 4019 Warwick
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th
 year 1946 hour 10: minute 00 P. M.

21. I hereby certify that I attended the deceased from
Dec 18 1946 to Dec 18 1946
 that I last saw h. live alive on Dec 18 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 1/2 hrs

Due to General arteriosclerosis and Coronary sclerosis

Due to _____

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

Major findings: None done
 Of operations _____

Of autopsy None done

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 Walter C. ... (M. D. or other) W.D.

Address 1617 Prof. Bldg. Date signed 12-19-46

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.