

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26321
State File No. _____
Registrar's No. **3146**

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
Kansas City
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
428 North Hardisty 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 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. 428 North Hardisty 8
(If rural, give location)
(e) Citizen of foreign country: Yes (Yes or No)
If yes, name country Ireland

3. (a) PRINT FULL NAME Mr. Thomas J. Gorman
3. (b) If veteran, name war No. _____ 3. (c) Social Security No. 702-14-9953

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31
year 1948 hour 7 minute 36 A. M.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Delia 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased: Nov (Month) 23 (Day) 1888 (Year)

21. I hereby certify that I attended the deceased from May 8, 1948, to July 31, 1948;
that I last saw him alive on 5-29-48, 1948;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
59 8 8 hr. min.

Immediate cause of death: Benign prostatic carcinoma with Brain metastasis ?
Duration 7 mo. - 88

9. Birthplace Ireland (City, town, or county) (State or foreign country) 4
10. Usual occupation Missouri Pacific Car Inspec-

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 47c
Of operations _____
Of autopsy _____

11. Industry or business tor
MOTHER FATHER { 12. Name Patrick Gorman 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Mary Griffin
15. Birthplace Mass. (City, town, or county) (State or foreign country)

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) (c) Means of injury _____

16. (a) Informant Thomas J. Gorman
(b) Address Sacramento, Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Frank J. Quinn
(b) Address 20 West Linwood
19. (a) 8-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

23. Signature J. E. Castle (M. D. number) 0
Address 1602 Argyle Bldg Date signed 8-2-48

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

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 Howard W. Farmer

Licensed Embalmer No. 4134

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.