S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29775
Registrar's No. 3572

Registration District No. 149 Primary Registration District No. 1002

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:
4243 Indiana /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community six (6) years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4243 Indiana 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Earl Hickman Gold
3. (b) If veteran, name war W. W. #1
3. (c) Social Security No. 535-10-7878
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced / married
6. (b) Name of husband or wife Lucille
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased February (Month) 2 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
43	6	28	hr. min.

9. Birthplace Clarksburg, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Special Agent
11. Industry or business Missouri Pacific
FATHER
12. Name Wm. J. Gold
13. Birthplace not known (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Nellie O'Freeley
15. Birthplace Not known (City, town, or county) (State or foreign country)
16. (a) Informant Lucille Gold
(b) Address 918 East 25th St.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug. 31, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Missouri
18. (a) Signature of funeral director BENTLEY MORTUARY
(b) Address 5811 Troost
19. (a) 9-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1948 hour 3: minute 45 P. M.
21. I hereby certify that I attended the deceased from
, 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 Gunshot Injury
Due to of Head
Due to
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner
Major findings:
Of operations 164 C
Of autopsy History

Duration

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) Suicide
(b) Date of occurrence 8/30/48
(c) Where did injury occur? Kansas City Mo (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? No (e) Means of injury Trauma
23. Signature A. E. Usher (M. D. or other) M.D.
Address 2800 Main Date signed 8/31/48

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 1949

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.