

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40135

State File No.

FILED DEC 29 1948
Registration District No. 1449

Primary Registration District No. 1002

Registrar's No. 5063

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:
1206 E. 33rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 43 Years

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. 1206 E. 33rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME HATTIE E. GOFF

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 George 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 7 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 3 0 hr. min.

9. Birthplace Washington Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Stype
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
14. Maiden name Agnes
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes MacMahon
(b) Address 1206 E. 33rd St.
17. (a) Burial (b) Date thereof 12/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Duark & Tobin
(b) Address 20 W. Linwood

19. (a) 12-13-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from
JAN 11, 1948, to Dec 7, 1948,
that I last saw her alive on 6 Dec -, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
TERMINAL BRONCHIAL PNEUMONIA
BILATERAL 3 DAYS
Due to GENERALIZED ARTERIOSCLEROSIS 10 YRS.

Due to CORONARY SCLEROSIS 8 YRS.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93rd
Of autopsy _____

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) _____
(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?
James W. Downey (Specify type of place)
While at work? (e) Means of injury _____

23. Signature James W. Downey (M. D. or other)
Address 800 ARYLE BLDG. K.C. Mo. Date signed 12-12-48

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

MOTHER FATHER

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, on 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.