

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40147
Registrar's No. 5197

FILED JAN 8 1948
Registration District No. 149

Primary Registration District No. 1002

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

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:
3200 EAST-30TH STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
47 YEARS (Specify whether years, months or days)

In this community: 47 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. 3200 EAST-30TH STREET
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. JAMES WILLIAM GWIN

3. (b) If veteran, name war No

3. (c) Social Security No. 499-10-3037

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER Day 20 Year 1948 hour 10 minute 30 A.M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. EMILY GWIN 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: SEPTEMBER 9 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 11, 1948, to Dec. 20, 1948;

that I last saw him alive on Dec. 20, 1948;

and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 3 Days 11 If less than one day hr. min.

Immediate cause of death

Cerebral Thrombosis with Terminal Hypostatic Pneumonia 10 days

Due to Arteriosclerosis 3 days

9. Birthplace: BOONHON COUNTY KANSAS
(City, town, or county) (State or foreign country)

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation: CARPENTER & BUILDER

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name ELIAS GWIN

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

14. Maiden name SARAH STROUD

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

16. (a) Informant MRS. EMILY GWIN

(b) Address 3200 EAST-30TH STREET

17. (a) BURIAL (b) Date thereof DEC. 22 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

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? _____

18. (a) Signature of funeral director O. N. Williams

(b) Address 1401 BRUSH GREEN BLDG

19. (a) 12-22-48 (b) S. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature George K. Landis George K. Landis
(M. D. or other) (M. D. or other)

Address 1630 Professional Bldg. Date signed 12/21/48

