

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4749

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:
4018 Oak
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
All her life (Specify whether
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME Mrs. Elizabeth Gorman 6558. (b) If veteran, NO name war _____ 3. (c) Social Security No. None4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife John J. Gorman 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Sept. 1 1865
(Month) (Day) (Year)8. AGE: Years 74 Months 3 Days 14 If less than one day _____ hr. _____ min.9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business _____

12. Name Mathew Birmingham18. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Mary McDonald15. Birthplace Ireland
(City, town, or county) (State or foreign country)16. (a) Informant's own signature F. Paul Gorman(b) Address 4018 Oak17. (a) Burial (b) Date thereof Dec. 18, 39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director J. M. Wagner(b) Address 204 W. Linwood, K. C. Mo.19. (a) Dec. 15, 1939 (b) M. M. Grown
(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. 4018 Oak
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th
year 1939 hour 1 minute 30 AM.21. I hereby certify that I attended the deceased from Oct. 13
_____, 1939, to Dec. 11, 1939;
that I last saw her alive on Dec. 11, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death acute coronary occlusion Duration _____Due to Secondary aneurysm of anterior descending coronary artery
Due to Coronary artery diseaseOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____Address [Address] Date signed 12/15/39

OCT 18 1957

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 A. R. Hauschke

Licensed Embalmer No. 4062

P. O. Address K. C. 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, above space should be left blank.