

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12147
State File No. 174
Registrar's No.

Registration District No. 399 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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
47 Years (Specify whether years, months or days)

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. 1019 East 12
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME JOHN A. GORHAM
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1-11-41 day 11 year 1941 hour 7:05 P. minute 05
21. I hereby certify that I attended the deceased from 1941 to 1941 that I last saw him alive on and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Gorham 6. (c) Age of husband or wife if alive over 21 years
7. Birth date of deceased October 16 1863
(Month) (Day) (Year)

Immediate cause of death Lobar pneumonia
Due to Fracture of the pelvis
Other conditions (Include pregnancy within 3 months of death) Gun trauma
Manner of operations Of autopsy
Of autopsy Yes

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>25</u>	hr. min.

9. Birthplace Rayville Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Hotel Mgr.

11. Industry or business
12. Name John Gorham
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Gorham
(b) Address 1019 East 12, K. C. Mo.
Burial (b) Date thereof 1-13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Minneville Cemetery

18. (a) Signature of funeral director J. F. O'Sullivan Co.
(b) Address 3256 Broadway, K. C. Mo.
19. (a) Jan 13, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 12-31-40
(c) Where did injury occur? U. S. Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Yes
23. Signature U. S. Mo (M. D. or other) 3
Address U. S. Mo Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

170 C
98

0M
3-3
SX I

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 Park Rowe

Licensed Embalmer No. 2347

P. O. Address RC, Md.

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.

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BUREAU OF THE CENSUS

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 174

1. PLACE OF DEATH

(a) County Jackson
 (b) City or town K.C.
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME

John A. Gorham

3. (b) If veteran name war.....

3. (c) Social Security No.....

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased.....

(Month) (Day) (Year)

8. AGE:

Years Months Days

If less than one day
hr min.

9. Birthplace.....

(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace.....

(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof.....

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 1/13/41
(Date received from registrar)

(b) M. M. Crowe
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
 (c) City or town.....
 (If outside city or town limits write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan. Day 16 - 1941
 year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
 19..... to..... 19.....
 that I last saw him..... alive on.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to Fracture of pelvis

Other condition: Ants transmigration
 (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

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) Accid

(b) Date of occurrence 12-31-40

(c) Where did injury occur? K.C. Mo.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial plant, (in public place)?

Pedestrian struck by Car - 12-31-40

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

S-1214

