

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1364
Registrar's No. 324

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town _____
(c) Name of hospital or institution: General Hosp. #1
(d) Length of stay: In hospital or institution 10 days
In this community unknown

3. (a) PRINT FULL NAME Thomas Gow
8. (b) If veteran, name war yes 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Gow 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased (Month) Oct. (Day) 21 (Year) 1875

8. AGE: Years 65 Months 3 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Leavenworth, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name unknown informant does not know

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's own signature Anna Gow

(b) Address 3109 1/2 E - 18th St, KC Mo

17. (a) Removal (b) Date thereof 1-22-41

(c) Place: burial or cremation burial - Holt, Mo

18. (a) Signature of funeral director Leonard Fry

(b) Address Kearney Mo

19. (a) Jan 22 1941 (b) Ed Crowe (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City, Mo
(d) Street No. 3109 1/2 E - 18th
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21st year 1941 hour 10:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to 1/21, 1941; that I last saw him alive on 1/21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to Cardiac failure

Due to _____

Other conditions Coronary Stenosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Lobar pneumonia

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 Edward H. Klein (M. D. number) _____
Address General Hospital #1 Date signed 1/27/41

Duration 1 week
1 month
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I 19311

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 Leonard Fay
Licensed Embalmer No. 1677
P. O. Address Kearney and

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.