

No. 2
1-13-40
17-39
X23155

ED MAR 14 1941 297
Registration District No. **297**

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:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 2-3-41
In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clayson **24**
(c) City or town Rfd # 4 Green Haven Addition
(If outside city or town limits, write "RURAL") **0**
(d) Street No. North Kansas City
(If rural, give location) **1**
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Charles O. Gossard

3. (b) If veteran, name war World War 3. (c) Social Security No. 487-10-8908

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

6. (b) Name of husband or wife Hazel Gossard 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April 12 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Manager

11. Industry or business North K. C. Gas Co.,

MOTHER FATHER { 12. Name Alvin H. Gossard
13. Birthplace Chillicothe Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Alice Davidson
15. Birthplace Cuba N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Gossard
(b) Address North Kansas City, Mo.

17. (a) Burial (b) Date thereof 2-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 2/12/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 2 1941 to Feb 15 1941 that I last saw him alive on Feb 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death My heart failure
acute pulmonary edema
Due to Chy. thrombolosis
dephytosis
Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations 131
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) Months of injury 0

23. Signature [Signature] (M. D. or other) _____
Address 20 Professional Bldg Date signed 2/16/41

Duration 1 hr
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.