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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20657

State File No. 2187

Registration District No. FILED JUL 7 1941 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 6 Mos.

In this community

2. USUAL RESIDENCE OF DEACEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL") O

(d) Street No. Linwood & Prospect
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME Sister Teresa Agatha GORM AN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race white

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

6. (b) Name of husband or wife not married

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

7. Birth date of deceased July (Month) 16 (Day), 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
55 yrs.	10	19	hr. min.

9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)

10. Usual occupation teaching

11. Industry or business

FATHER
12. Name William Gorman
13. Birthplace Ste. Clotilda (City, town, or county) Quebec Canada (State or foreign country)

MOTHER
14. Maiden name Mary Dwyer
15. Birthplace Chatauqua (City, town, or county) New York (State or foreign country)

16. (a) Informant Sister M. Brigitta
(b) Address Ste. Genevieve, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/41 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) 6/6/1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/5 6 day 5-6
year 1941 hour 12 20 minute P M.

21. I hereby certify that I attended the deceased from 1-2-41, 19..., to 6-5, 1941, that I last saw her alive on 6-5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor — Duration

Malignant Glioblastoma

Due to

Due to 54 hr

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Brain tumor
multiple lung abscess

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or coroner) O

Address 1225 Rialto Bldg. Date signed 6/6/41

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

(Licensed Embalmer's Statement on Reverse Side)

Mellody
McFielen
U
Co

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. 267

working under my personal supervision.

Signed ..... J. B. Meyer

Licensed Embalmer No. 2999

P. O. Address ..... KC

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.