

FILED MAY 5 1942

Registration District No. 419A2

Primary Registration District No. 2002

Registrar's No. 164

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Joplin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St Johns Hospital #11**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 minutes**
 (Specify whether years, months or days)
 In this community **3 days**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City Mo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **911 E. 33rd St;**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **No**

3. (a) PRINT FULL NAME **Tilford D. Gonce**
 3. (b) If veteran, name war **World War No. 1**
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Apr** day **21**
 year **1942** hour **11:40** minute **A** M.
 21. I hereby certify that I attended the deceased from 19... to 19...
 that I last saw him **did not see him alive** 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 **divorced**
 6. (b) Name of husband or wife **Ruth Gonce**
 6. (c) Age of husband or wife if alive **33** years
 7. Birth date of deceased **Nov. 10, 1900**
 (Month) (Day) (Year)

Immediate cause of death
Psychogenic Poisoning
 Duration **15 min**

8. AGE: Years **41** Months **5** Days **11**
 If less than one day hr. min.

Due to **Suicide**
 Due to

9. Birthplace **Taney County Mo;**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business

12. Name **Abraham Randolph Gonce**

13. Birthplace **Tennessee**
 (State or foreign country)

14. Maiden name **Susan Hargrove**

15. Birthplace **Tennessee**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Randolph T. Gonce**

(b) Address **409 E. Armour, Kansas City Mo**

17. (a) **Burial** (b) Date thereof **4-23-42**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osborne Mem. Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co;**
Joplin Mo;

(b) Address **4-22-42**
 (Date received local registrar) (b) **Gustav Sudolter**
 (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: **163-E**
 Of operations
 Of autopsy

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) **Suicide**

(b) Date of occurrence **Apr 21, 1942**

(c) Where did injury occur? **Joplin** (City or town) **Mo** (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Hotel (Specify type of place)

While at work (Specify type of place) (b) Means of injury **3 coroner**

23. Signature **P. F. Webster** (M. D. or other)
 Address **Carthage Mo** Date signed **Apr 21**

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

49
2
5

#P

42

42-4-342

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 *Henry K. Zureb*

Licensed Embalmer No. *959*

P. O. Address *Japan, N.Y.*

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.