

BUREAU OF THE CENSUS
FILED JUL 1 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2494

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

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:
3114 Chestnut Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 15 Yrs.
years, months or 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. 3114 Chestnut Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Ann GORMAN.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Gorman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 28th, 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace New Castle Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Stunkard
13. Birthplace Pennsylvania
(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. Margaret Tate.

(b) Address 3114 Chestnut Ave. K.C. Mo.
17. (a) Removal (b) Date thereof 6/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City Mo.

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 6-30-42 (b) Mrs. W. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Mar 10
1942 to June 29 19 42
that I last saw her alive on June 28 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Due to Coronary artery disease
calamity of
Due to _____

Other conditions Cardiovascular disease 2 yr.
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy ✓

Duration 3 mo

Underline

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?

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

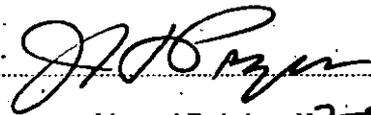
23. Signature Glenn H. May Jr. (M. D. or other) _____
Address 1132 Prof. Bldg Date signed 6-30-42

OCT 21 1942

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.....



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, fact should be so stated above.