

S. No. 2  
M-5-42  
5-17-39  
PI X3277

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1104

State File No. \_\_\_\_\_

Registrar's No. **50**

Registration District No. **149**

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:  
**K.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **30 days**  
(Specify whether  
In this community **50 Yrs.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **720 Troost Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Agnes Gow**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **fe.** 5. Color or race **wh.** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **XXX** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **unknown**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **...** Days **...** If less than one day hr. min.

9. Birthplace **Detroit Mich.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business \_\_\_\_\_

12. Name **Geo. B. Gow**

13. Birthplace **Scotland**  
(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 **Joseph Gow**

(b) Address **Chicago Ill.**

17. (a) **Burial** (b) Date thereof **Jan. 8-43**  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smithville Mo.**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood K.C. Mo.**

19. (a) **1-6-43** (b) **M. D. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **5th**  
year **1943** hour **4** minute **20 A.M.** M.

21. I hereby certify that I attended the deceased from **12-6-42**, 19\_\_\_\_, to **1-5-43**, 19\_\_\_\_;  
that I last saw her alive on **1-5-43**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Previously operated inguinal hernia with partial intestinal obstruction**

Due to \_\_\_\_\_

Due to **12.2 a**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **See above**

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) Means of injury \_\_\_\_\_

23. Signature **Amey R. Thron** (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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**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..... *Chas. Welles* .....

Licensed Embalmer No. *2644* .....

P. O. Address *1800 Pinewood* .....

**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.**