V. S. No. 2
OM—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1945

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19508

Registrar's No. 2504

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: 918 Penn St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community 20 Yrs.

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. 3364 Baltimore
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest Gould
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Lucy
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased May (Month) 13 (Day) 1862 (Year)

8. AGE: Years 73 Months 0 Days 29 If less than one day ... hr. ... min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name Rachel unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Rachel M. Clark
(b) Address 1308 39th St
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cem. K.C.Ks.
18. (a) Signature of funeral director Simmons Funeral Home
(b) Address 1404 So. 37 KC 3 Ks
19. (a) 6-13-45 (Date received local registrar) (b) Geraldine Helmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1945 hour about 3 A. M. minute ... M.
21. I hereby certify that I attended the deceased from June 9, 1945, to June 11, 1945, that I last saw him alive on June 11 (11th) 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary heart disease with mitral insufficiency.
Due to: Chronic endocarditis
Due to: 31a
Other conditions (Include pregnancy within 3 months of death): Chronic interstitial nephritis, chronic bronchitis
Major findings: Of operations: mitral bronchiectasis, and chronic alcoholism
Of autopsy:

Duration

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) no
(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 other) DO
Address 1119 W Washington St Date signed 6-13-45
KC Mo 6

(Licensed Embalmer's Statement on Reverse Side)

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 H. Simmons

Licensed Embalmer No. 3903

P. O. Address K C K

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.