V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26427

FILED AUG 22 1945

Registration District No. 44 Primary Registration District No. 1002 Registrar's No. 3347

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: 1315 Locust Kansas City, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1315 Locust 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. LAVINA LOUISE GOUGH

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow. 7

6. (b) Name of husband or wife Francis M. Gough

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

7. Birth date of deceased Nov. 10, 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 26 If less than one day hr. min.

9. Birthplace London Ontario, Canada 7
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name John A. White 8
13. Birthplace Between Ireland On Atlantic Ocean And U. S. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Boyd
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances M. Shodgrass
(b) Address 3968 Elsmere Ave. South Norwood, Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington, Cem.

18. (a) Signature of funeral director John W. Wagner
(b) Address Kansas City, Missouri

19. (a) 8-9-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6 year 1945 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from Coma, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Sclerosis	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 940	
Major findings: Of operations:	
Of autopsy: No permit History & Inspection	

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 injury
(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 3

23. Signature [illegible] (M. D. or other)
Address 1424 [illegible] Date signed 8-6-45

(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 .....

Licensed Embalmer No. .....

P.O. Address .....

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.