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State File No. \_\_\_\_\_  
Registrar's No. 1186

DEPARTMENT OF COMMERCE  
Bureau of Public Health  
**FILED MAR 23 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 149 Primary Registration District No. 1001

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: RESEARCH HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2-DAYS (Specify whether  
In this community 2-DAYS years, months or days)

3. (a) PRINT FULL NAME GERTRUDE LUCILLE GOE  
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 SINGLE

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

7. Birth date of deceased MARCH 11 1947  
(Month) (Day) (Year)

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

9. Birthplace KANSAS CITY MISSOURI 0  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

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

12. Name TOM A. GOE 0

13. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name FLORENCE LUCILLE BAUER

15. Birthplace KANSAS CITY MISSOURI 0  
(City, town, or county) (State or foreign country)

16. (a) Informant MR TOM A. GOE

(b) Address 3529 WINDSOR

17. (a) BURIAL (b) Date thereof MAR-15-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. J. Newman, Jm

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-15-47 (b) Sheddine Holmes  
(Date received local registrar) (Registrar's signature)

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. 3529 WINDSOR AVENUE 8  
(If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13<sup>TH</sup>  
year 1947 hour 11 minute 00 AM.

21. I hereby certify that I attended the deceased from 3-11-1947 to 3-13-1947  
that I last saw him 4 alive on 3-13-1947  
and that death occurred on the date and hour stated above.

Immediate cause of death congenital heart disease Duration 2 days

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

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

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

Major findings: 15-78

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (Specify means of injury)

23. Signature L. G. Potter (M. D. or other) \_\_\_\_\_

Address 724 Prof. Betty K. Co. Date signed 3/14/47

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

MOTHER FATHER

194 professional body

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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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City 3, Mo.

**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.