No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31220

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4053

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: St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 39 years
years, months or days)

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. 218 E. 72d St. 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Guy W. Gowin
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Ma 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married 709-12-1784
6. (b) Name of husband or wife Thelma Gowin
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August (Month) 21 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	1	2	hr. min.

9. Birthplace Stewart (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Retired Chief Dispatcher
11. Industry or business Alton R.R.
FATHER
12. Name William Gowin
13. Birthplace (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Kathryn Beeman
15. Birthplace (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs. Thelma Gowin
(b) Address 218 E. 72d Terr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Slater, Mo.
18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.
19. (a) 9-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23d
year 1947 hour 3: minute 25 P M.
21. I hereby certify that I attended the deceased from Pathologist, 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Uremia — Duration 3 week
Due to Nephrosclerosis
~~Due to~~ Cystic degeneration of brain
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 131a
Of autopsy Same

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature C. C. H. Schmidt (M. D. or other)
Address St. Luke's Hospital Date signed 23 Sept. 1947

(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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, M

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.