FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32050

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1068

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

1. PLACE OF DEATH:
(a) County Buchanan.
(b) City or town St. Joseph. Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 2 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Riley 999
(c) City or town Manhattan 14
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ina Gould.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jay A.
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased August (Month) 31, (Day) 1888 (Year)

8. AGE: Years 60 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Galliton Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Enis F. Lockhard
13. Birthplace Unknown Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Effie Gotchel
15. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Jay A. Gould
(b) Address Manhattan Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/8/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Manhattan Kansas
18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address 1802 Union, St. Joseph, Mo.
19. (a) 10-11-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct 8 day 48
year hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from Oct 4 48 to Oct 8, 1948
that I last saw on alive on Oct 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma
Due to Carcinoma, Breast
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 50

Duration

PHYSICIAN
Underline the cause of 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
23. Signature Louis G. Neudorff MD (M. D. or other)
Address 825 Charles Street St Joseph, Mo. Date signed 10/8/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 3 1958

JUN 7 1954

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 Max W. Bickening, Registered Apprentice No. 278 working under my personal supervision.

Signed Robert L. Yaple

Licensed Embalmer No. 3308

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.