FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 146

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 33181

Registrar's No. 325

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1035 West Van Horn Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 1128 South Pearl Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME MARY MAHALA GOLD

3. (b) If veteran, name war ----------

3. (c) Social Security No. ----------

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Benton Gold

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

7. Birth date of deceased January (Month) 30 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	8	29	..... hr. ..... min.

9. Birthplace Goreville, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ----------

FATHER
12. Name William Bryant Burklow
13. Birthplace Goreville, (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Jane Campbell
15. Birthplace Jackson County, (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Charlotte Simmons
(b) Address Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri

19. (a) 11-31-48 (Date received local registrar) (b) [signature] (Registrar's signature) 354

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th, year 1948 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from ....., 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: Circulatory Failure	
Due to Coronary Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See Above	

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? Pathologist (Specify type of place)

While at work ..... (e) Means of injury .....

23. Signature A. E. Ussher (M. D. or other) MD

Address 2800 Main Date signed 10/30/48

Jefferson City Printing Co.

(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 Stanley McLeaton

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.