

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17604  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) or City Kansas City, Missouri Street No. General Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 20062. PRINT FULL NAME Levant G. Gipple

(a) Residence, No. 3608 Baltimore St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Katie B. Gipple

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
80 6 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Bldg. Contractor  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York13. NAME Abraham Gipple14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Elizabeth Erb16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT (ADDRESS) Mrs. Katie B. Gipple  
3806 Baltimore Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 5/15/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary  
Kansas City Missouri20. FILED May 14, 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12, 193922. I HEREBY CERTIFY That I attended deceased from Crown, 1939I last saw h. alive on, 1939 Death is saidto have occurred on the date stated above, at 11:12 P.M.

The principal cause of death and related causes of importance were as follows:

Automobile traumatism  
fracture and laceration of head  
fracture and laceration of arm

Date of onset

Other contributory causes of importance: 210 ftName of operation hi Date of 5/12/39What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicidal Accident Date of injury 5/12/39Where did injury occur General Baltimore Roads

(Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place.

Manner of injury Struck by motor carNature of injury head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Auto(Signed) W. M. D.(Address) W. M. D.

---

---

**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, above space should be left blank.**