DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31539

OCT 18 1939

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3637

1. PLACE OF DEATH: 2

(a) County Jackson

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

(c) Name of hospital or institution: 2900 Park
(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: 1

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2900 Park Avenue, K.C.Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Gladys Viola Biddison 325

3. (b) If veteran, name war --No--

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

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Roy C. Biddison

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan. 19th, 1898 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	7	28	hr. min.

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

10. Usual occupation Housewife 1

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

FATHER
12. Name August Meier 6
13. Birthplace Germany 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Steinhoff
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Roy C. Biddison,
(b) Address 2900 Park Avenue, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19th, 39 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah, K.C.Mo.

18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address 918 Brooklyn Avenue, K.C.Mo.

19. (a) Sept 18 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th, 1939.
year 1939 hour _____ minute 12;15 A.M.

21. I hereby certify that I attended the deceased from July 16-1939, 19__, to Sept 17, 1939;
that I last saw her alive on Sept 17, 1939, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Decompensated Myocarditis	6 wks?
Due to Chr. Glomerular Nephritis.	?
Due to Apparent Embolism.	
Other conditions (Include pregnancy within 3 months of death) 131	

Major findings:
Of operations None
Of autopsy None

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) None
(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? 3
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature H. T. Wittenberg (M. D. or other)
Address 214 Bright 31st Project K.C. Mo. Date signed 9/18/39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39

Dr. Wheatenberger,
31st, and Brooklyn
Phone

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: Theron A. Pedmon

Licensed Embalmer No. 2727

P. O. Address K. C. 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, above space should be left blank.