

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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:
2928 Indiana Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution -- 2
(Specify whether years, months or days)
 In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2928 Wayne Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st
 year 1940 hour 10 minute 20 P. M.
 21. I hereby certify that I attended the deceased from 12-15-40
 _____, 19____, to 12-1-40, 19____;
 that I last saw h. h alive on 12-1-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary attack Diphtheria

Due to 94B
 Due to _____

Other conditions Coronary disease
(Include pregnancy within 3 months of death)
Arteriosclerosis

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Ida May Gibbons

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 Mr. James M. Gibbons 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased November 30 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>1</u>	hr. _____ min.

9. Birthplace Bryan Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

12. Name George Hoverstack

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Mary Beam

15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant N. S. Gibbons

(b) Address 2928 Wayne

17. (a) Burial (b) Date thereof Dec. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director D. H. Newcomer Sons

(b) Address 1401 Brush Creek Blv.

19. (a) 12-2-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1023
1-5-

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address D. 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.