

JAN 10 1949

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

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: 3737 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-0
(Specify whether) 50 year
In this community 50 year
years, months or days)

3. (a) PRINT FULL NAME: Bessie Gwynne
3. (b) If veteran, — **(c) Social Security**
name war — No. No

4. Sex: Female **5. Color or** White
race White **6. (a) Single, widowed, married,**
divorced: Widow
6. (b) Name of husband or wife: Anderson **6. (c) Age of husband or wife if**
alive — years
7. Birth date of deceased: 3-11-1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 9 If less than one day — hr. — min.

9. Birthplace: Allen Mo Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: 0

MOTHER FATHER
12. Name: Wm N Matyasia Norris
13. Birthplace: Memphis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Margaret N DeFries
15. Birthplace: Harrisonville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Marguerite Luyune
(b) Address: 3737 Jefferson

17. (a) Burial **(b) Date thereof:** 12-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: M. Daniel
(b) Address: 1536 Main Ave

19. (a) 12-21-40 **(b) M. M. Brown**
(Date received local registrar) (Registrar's signature)

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. 3737 Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 40 hour 3 PM minute — M.
21. I hereby certify that I attended the deceased from Jan 1936 to
Dec 20 1940, to — 19—;
that I last saw her alive on Dec 20-1940, 19—;
and that death occurred on the date and hour stated above.

Immediate cause of death:
1 - Exhaustion - myocardial infarction
2 - Carcinoma stomach 4-2-30
Due to: 3 - Perforation of liper
4 - Perforation peritonitis
Due to: —
Other conditions: —
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: —
Of operations —
Of autopsy: yes
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): —
(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? 3/6
While at work? — (Specify type of place) (e) Means of injury —
23. Signature: Wm H Trumble (M. D. or other)
Address 836 Professional Bldg 9th St

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. *3022*

P. O. Address *322 17th St Kansas City 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.