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FEB 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1129

Registration District No. 399

Primary Registration District No. 1062

Registrar's No. 89

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

1. PLACE OF DEATH: Jackson

(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: 1820 E. 7th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: About 50 Years (Specify whether In this community: years, months or days)

3. (a) PRINT FULL NAME: MABEL GINDERA

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

3. (c) Social Security No: No

4. Sex: Fe. 5. Color or race: W. 6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: Unknown 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 62 hr. min.

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

10. Usual occupation: Retired Telephone Operator

11. Industry or business:

MOTHER FATHER { 12. Name: Frank Gindera Austria 8

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

14. Maiden name: Catherine Davis (State or foreign country)

15. Birthplace: Canada 2 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lettie Murray (b) Address: 2720 Chelsea

17. (a) Burial (b) Date thereof: 1-7-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Moriah

18. (a) Signature of funeral director: C. H. Blackman & Son (b) Address: Kansas City, Mo.

19. (a) Jan 7 1941 (b) M. M. Corone (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 40

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No.: 1820 E. Seventh (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: day: 1-5-41
year: hour: minute: M.

21. I hereby certify that I attended the deceased from 8:30 P. 19... to 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Monoxide gas poisoning

Due to: _____

Due to: _____

Other conditions (Include pregnancy within 3 months of death): _____

Major findings: _____

Of operations: _____

Of autopsy: Yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: 1-5-41

(c) Where did injury occur?: K.C. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work: _____ (Specify type of place) (e) Means of injury: _____

23. Signature: M. M. Corone (M. D. or other) _____
Address: K.C. Mo Date signed: _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

B. H. Blackman

Licensed Embalmer No.

2244

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, fact should be so stated above.