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X23159

Registration District No. 1399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: 2609 Norton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 Yrs.
 In this community 25 Yrs.
 years, months or days

3. (a) PRINT FULL NAME Josephine Gentsch
 3. (b) If veteran, name war No.
 3. (c) Social Security No. NO.

4. Sex Fe.
 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Fritz Gentsch
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased March 25 1854
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 10 19 hr. min.

9. Birthplace Jamestown Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER
 { 12. Name Unknown Erckle
 { 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Gatchett
 (b) Address 1802 Spruce K.C. Mo.

17. (a) Burial (b) Date thereof Feb. 16-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Jamestown Mo.

18. (a) Signature of funeral director Eylar Funeral Home
 (b) Address 1800 Linwood K.C. Mo.

19. (a) 2/15/41 (b) M. M. Grove
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson 48
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2609 Norton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
 year 1941 hour Three minute 30 P. M.
 21. I hereby certify that I attended the deceased from Feb 14 -
1941 to Feb 14 1941
 that I last saw h. Er alive on Feb 14 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insuffic
 Duration Donal Keown

Due to 92.13
 Due to 92.13

Other conditions Arteriosclerosis A2/A2
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy
 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?

While at work? (Specify type of place)
 (e) Means of injury 0

23. Signature J. E. Sall (M. D. or other)
 Address 1102 E. 47 Date signed 2-15-41

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 Chas Wilks
Licensed Embalmer No. 2644
P. O. Address 1800 Linwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.