

V. S. No. 2  
50M-1-4-41  
15-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9502**

**APR 15 1941**

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **911**

48  
3  
8  
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:  
**General Hospital #2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2-6-41-2-24-41**  
(Specify whether years, months or days)

In this community **56 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

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

(d) Street No. **Old Folk's Home**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Gassett**

3. (b) If veteran, name war **unk**

3. (c) Social Security No. **unk**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **24**  
year **41** hour **8** minute **A. M.**

21. I hereby certify that I attended the deceased from **2-6-** 19 **41** to **2-24-** 19 **41**  
that I last saw h. **im** alive on **2-24-** 19 **41**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Negro**

6. (e) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Unknown**

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

7. Birth date of deceased **10 30 1884**  
(Month) (Day) (Year)

Immediate cause of death **Hypertensive Type of Heart Disease**

Due to **Hypertension.**

8. AGE: Years Months Days If less than one day

**56 3 25** hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **None**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Unknown**

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

14. Maiden name **Unknown**

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

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

16. (a) Informant **Record Clerk**

(b) Address **Gen. Hosp. #2**

23. Signature \_\_\_\_\_ or other) \_\_\_\_\_

Address **Gen. Hosp. #2** Date signed **2-24-41**

17. (a) **Removal** (b) Date thereof **3-4-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Western Dental College**

18. (a) Signature of funeral director **Wm. M. Propp**

(b) Address **St. Western Dental College**

19. (a) **2/4/41** (b) **W. M. Propp**  
(Date received local registrar) (Registrar's signature)

**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

*Edu. Stevens*

Licensed Embalmer No.

3836

P. O. Address

1819 E 15th St  
St. Louis, 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, fact should be so stated above.**