S. No. 2
DM—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23398

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2888

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: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. (Specify whether
In this community all his life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2845 Troost Avenue 8
(If rural, give location)

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

If yes, name country x 0

3. (a) PRINT FULL NAME Henry Gilpin,

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

3. (c) Social Security No. No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed,

6. (b) Name of husband or wife Emma Gilpin

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

7. Birth date of deceased August (Month) 5 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	11	25	hr. min.

9. Birthplace Illinois. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Plaster,

FATHER
12. Name George Henry Gilpin,
13. Birthplace Illinois, 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant George Henry Gilpin,
(b) Address Waverly, Missouri,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-31-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1942 hour 3 minute 45 A.M.M.

21. I hereby certify that I attended the deceased from 6-30-42, 19..., to 7-30-42, 19...; that I last saw him alive on 7-30-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of oesophagus with Broncho-pneumonia	
Due to 46a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Drucy R. Thorn (M. D. or other)

Address Med. Dir. K. C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 1415

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.