

Registration District No. 111 DEC 7 1942 49

Primary Registration District No. 1002

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

**I. PLACE OF DEATH:**

(a) County Jackson  
(b) City or town Kansas City Mo  
(c) Name of hospital or institution: Research Hosp  
(d) Length of stay: In hospital or institution 6 Da.  
In this community as above,

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 3  
(c) City or town Sweet Springs  
(d) Street No. ....  
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Mrs. FRED A. GEMMIL

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex J 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Edward W. Gemmil 6. (c) Age of husband or wife if alive no years  
7. Birth date of deceased 7-16-1870

8. AGE: Years 72 Months 3 Days 29 If less than one day .hr. .min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business X

12. Name Korber  
13. Birthplace Germany (City, town, or county) (State or foreign country) 4  
14. Maiden name Gemmil  
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Margaret Adams  
(b) Address Sweet Spgs, Mo  
17. (a) removal (b) Date thereof 11-15-42  
(c) Place: burial or cremation Sweet Spgs, Mo

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

19. (a) 11-17-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 15th  
year 1942 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 9  
42 to Nov. 15 1942  
that I last saw her alive on Nov. 15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative pneumonia  
cardiac failure  
Due to 1942

Other conditions (Include pregnancy within 3 months of death)  
Major findings: cytology - Postoperative pneumonia  
Of operations Phallopexy of uterus  
Of autopsy —

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

While at work? \_\_\_\_\_  
23. Signature Paul J. Hunt (M. D. or owner)  
Address 1032 Perry St, Kansas City, Mo Date signed 11-16-42

call me please  
Sweet City - 395

Claude Hunt

Drop Ball

Vi 0313

from 2/11/47

634

Dr. Claude Hunt,

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. C. 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.