S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16935

FILED JUN 7 1943

Registration District No. 49

Primary Registration District No. 102

Registrar's No. 379

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: 3102 E 25 St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)

In this community: 6 yrs.

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.: 3102 E 25 (If rural, give location)

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

If yes, name country: ✓

3. (a) PRINT FULL NAME: MARY ANN GIFFORD

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: none

4. Sex: Fe 1

5. Color or race: Wh

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

6. (b) Name of husband or wife: Frank Gifford

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

7. Birth date of deceased: Feb. (Month) 24 (Day) 1877 (Year)

8. AGE: Years 66 Months 3 Days 0 If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Zackera Baysinger

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)

16. (a) Informant: Mrs Ruth Barrett

(b) Address: 3102 E 25

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Bentley Mortuary

(b) Address: 5811 Troost

19. (a) May 25 1943 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 24 year: 1943 hour: minute: A. M.

21. I hereby certify that I attended the deceased from December 22, 1942 to May 24, 1943 that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis Peritonei

Due to: Carcinoma of Uterus

Due to: 48 B

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

Major findings: Of operations:

Of autopsy: No

Duration

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: Leonard L. Leubel (M. D.)

Address: 930 Argyle Bldg. Date signed: May 25/43

(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 Guy Buffington

Licensed Embalmer No. 2756

P. O. Address K 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.