

AUG 6 1943 149
Registration District No.

Primary Registration District No. **1002**

Registrar's No. **3130**

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:
1219 East 18th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 years** (Specify whether years, months or days)

In this community **18 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **1219 East 18th St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Gladys Moore Preasley**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louis Preasley** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **January 18, 1907**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	36	5	24	hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Rollin Moore**

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

14. Maiden name **Mattie Truesdale**

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

16. (a) Informant **Mattie Morgan**

(b) Address **4802 Florence Blvd. Omaha, Neb**

17. (a) **burial** (b) Date thereof **7/16/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Hatkins Bros.**
(b) Address **1729 Lydia**

19. (a) **7-16-43** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12th**
year **1943** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **10-16-42**
19 to **7-12-43** 19

that I last saw **her** alive on **7-12-** 19

and that death occurred on the date and hour stated above.

Immediate cause of death **Specific Type Heart Disease 2 yrs.**

Due to **Mitral Regurgitation Relative**

Due to **Coronary Heart Failure**

Other conditions **none**
(include pregnancy within 3 months of death)

Major findings: Of operations **none 92 L**

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

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 **3**

23. Signature **P. E. Brown** (M. D. or other)

Address **1605 E - 18th Row** Date signed **7-15-43**

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.....

J. J. Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.