

FILED DEC 3 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4962

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1017 Holmes St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community unknown  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1017 Holmes St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Gertrude L. Cambell  
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Femal 5. Color or race White 6. (a) Single, widowed, married. 2 divorced. Widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 12 1876  
(Month) (Day) (Year)

8. AGE: 67 Years Months 4 Days 11 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Do not know (City, town, or county) (State or foreign country) 9

10. Usual occupation \_\_\_\_\_

11. Industry or business House

12. Name Way

13. Birthplace Do not know (City, town, or county) (State or foreign country) 9

14. Maiden name Elmyer Stevenson

15. Birthplace Do not know (City, town, or county) (State or foreign country) 9

16. (a) Informant Marguerite Haberiman

(b) Address 1144 Ruby Ave K.C.K.

17. (a) Burial (b) Date thereof Nov. 26 1943  
(Manner, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplehill K.C.K.

18. (a) Signature of funeral director Passantino Bros

(b) Address Kansas City Mo.

19. (a) 11-25-43 (b) H. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23  
year 1943 hour 8 minute 15 pm

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
Deputy Coroner

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Arteriosclerotic heart

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy Inspection of 4 story

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature H. E. Brown (M. D. or other) M. D.

Address 23 N. May Date signed 11/23/43

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

MOTHER FATHER

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**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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address. St. 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.**