

FILED NOV 19 1943/9
 Registration District No. 1943/9

Primary Registration District No. 1002

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:
5436 Lydia Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 23 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Martha Jane McQuerrey Gearhart

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

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

6. (b) Name of husband or wife Mr. Frank Gearhart 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased March 11 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 22 If less than one day --- hr. --- min.

9. Birthplace Bates County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business A. D. McQuerrey

MOTHER FATHER

12. Name A. D. McQuerrey

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Bryant
(City, town, or county) (State or foreign country)

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Crystal McQuerrey

(b) Address 5436 Lydia Avenue

17. (a) Burial (b) Date thereof Nov-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.

19. (a) 11-3-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

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. 5436 Lydia Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd
 year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 30, 1943, to Nov 2, 1943
 that I last saw her alive on Nov 2, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Chronic) Duration 2 yrs

Due to ---

Due to ---

Other conditions gall stones 5 yrs
(Include pregnancy within 3 months of death)

Major findings:
 Of operations ---
 Of autopsy ---

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? ---

While at work? --- (Specify type of place) (e) Means of injury ---

23. Signature: E. W. Shushur (M. D. or other) ---
 Address 922 Pratt's Bldg Date signed 11-3-43

900 Healths Body
11.30.3

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 Emile W. Calhoun

Licensed Embalmer No. 3506

P. O. Address F. C. W.

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.