

FILED DEC 8 1943
197

4871

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 4871

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: 3420 Lexington /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 36 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LYDA GILBERT
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased Oct. 4, 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 12
 If less than one day hr. min.

9. Birthplace Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

12. Name Andrew Rutledge

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

14. Maiden name Electa Thomas

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

16. (a) Informant George Gilbert
 (b) Address 3420 Lexington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-43
(Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address 2825 Independence Blvd.

19. (a) 11-18-43 (Date received local registrar) (b) P. C. Brown (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. 3420 Lexington
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
 year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 15
1943, to Nov. 16, 1943
 that I last saw her alive on November 15, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Colitis

Due to 17 DO

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

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

23. Signature P. C. Brown (Specify type of place) _____
(While at work? (c) Means of injury)
 Address 420 E. 12th St. Date signed 11-18-43

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

MOTHER FATHER

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 A. D. Blackman

Licensed Embalmer No. 3639

P. O. Address A. 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.