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FILED FEB 10 1944

Registration District No. 44 Primary Registration District No. 100

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:
K. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital 1 mo. 16 days
(Specify whether Life)

In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Edward Gilpin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 2 1922
(Month) (Day) (Year)

8. AGE: Years 21 Months 10 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name John R. Gilpin

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

14. Maiden name Elizabeth Cook

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

16. (a) Informant Mar Marie Hill

(b) Address 2745 Wenzel

17. (a) Burial (b) Date thereof 1-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lead Summit

18. (a) Signature of funeral director F. M. Schick

(b) Address Lead Summit

19. (a) 1-31-44 (b) T. E. 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. 2745 Wenzel
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 13, 1943 to January 29, 1944, that I last saw him alive on January 29, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum-Pyelonephritis

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

Due to _____

Due to _____

PHYSICIAN

Major findings:
Of operations _____

Of autopsy None 46d

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)

23. Signature A. E. Upsher (M. D. or other) M.D.
Address Med. Dir. Gen'l Hosp. Date signed 1-31-44

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 F. M. Schuck

Licensed Embalmer No. 1856

P. O. Address Teer Summit

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.