

S. No. 2
M-5-43
5-17-39
X3667

FILED MAR 11 1946
Registration District No. 149

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:
2820 Forest
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no.
(Specify whether
 In this community since 1903
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson, 48
 (c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
 (d) Street No. 2820 Forest
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country x

3. (a) PRINT FULL NAME Emmet H. Gamble
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 15
 year 1946 hour 10:20 minute P. M.
 21. I hereby certify that I attended the deceased from 2-8
 1946, to 2-15, 1946
 that I last saw him alive on 2-8, 1946
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mrs. Effie Gamble
 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased August 7 12 1867 1868
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Coronary Heart Disease
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: None 94a
 Of operations _____
 Of autopsy none
 Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
<u>77</u>	<u>7/8</u>	<u>6</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Attorney

11. Industry or business x

12. Name William Gamble

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Effie Gamble,
 (b) Address 2820 Forest Kansas City, Mo.

17. (a) burial (b) Date thereof 2-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 323E Gillham Plaza, Kansas City, Mo.

19. (a) 2-18-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence no
 (c) Where did injury occur? no
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (b) Means of injury no
 23. Signature [Signature] (M. D. or other)
 Address 1578 Professional Bldg Date signed 2-16-46

KE no

Dr. Chester Lee

NOV 2 1949

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..... *Robert H Reed*.....
Licensed Embalmer No..... *3745*.....
P. O. Address..... *N.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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. _____
Local Registrar's No. 814

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18 day of March, 1946, before me appears _____

Mrs. Effie Gamble, who, upon her oath, states that the original record of ^{XXXXX} birth death
for Emmet H. Gamble died February 15, ~~1867~~ 1946, in the State of
Missouri, and which was filed at Kansas City, Mo. on Feb. 16, 1946, should be corrected as follows:

Item No. 7 should read August 2, 1868.

Instead of August 2, 1867

Item No. age should read 77-6-13

Instead of 78-6-13

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Mrs Effie H Gamble wife
Relationship: _____
2820 Forest Ave
Present Address: _____

Subscribed and sworn to before me this 21 day of March, 1946.

My Commission expires My Commission Expires May 15, 1947 Robert Stephens Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5614