

B. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3442
9411
1190

State File No.

Registrar's No.

FILED MAR 27 1946

Registration District No. 149

Primary Registration District No. 1002

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: 1522 Topping
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 yrs (Specify whether years, months or days)
In this community 44 yrs

3. (a) PRINT FULL NAME

Charles B. Gambrel

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Gambrel

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased (Month) Mch (Day) 18 (Year) 1874

8. AGE: Years 71 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation Cabinet Maker

11. Industry or business Gambrel Bros Co

12. Name Mildred Gambrel

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

14. Maiden name Emma Lewiston

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

16. (a) Informant Ethel Gambrel

(b) Address 1522 Topping

17. (a) Buried (b) Date thereof Mch 12-46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Mo

18. (a) Signature of funeral director Wm C. L. Foster

(b) Address Kansas City Mo

19. (a) 3-11-46 (b) Leidline Holmed (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. 1522 Topping (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 9 year 1946 hour 11 minute 0 M.
21. I hereby certify that I attended the deceased from Jan 19, 1946 to Mar 9, 1946 that I last saw him alive on Mar 7, 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis (chronic)

Due to Chronic Nephritis
Due to
Other conditions Diabetes (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy 61

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
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. B. Paulson (M. D. or other) No
Address 3937 Main Date signed 3/10/46

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

MOTHER FATHER

3945-
Mans
No 0030

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 C. A. Nise

Licensed Embalmer No. 2570

P. O. Address K.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.