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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

9416
9417

FILED APR 2 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1359

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether
In this community 50 years
years, months or days)

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. 3328 Indiana
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Caddie Gepford
3. (b) If veteran, name war no
3. (c) Social Security No. 486-01-7653

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18
year 1946 hour 8 minute 5 P. M.

4. Sex Fe. / 5. Color or race Wh.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lawrence W. Gepford
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June 2 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 28 1946 to March 18 1946, that I last saw her alive on March 18 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 7 Days 16
If less than one day
hr. min.

Immediate cause of death Carcinoma of right breast with metastases
Duration

9. Birthplace no record Missouri
(City, town, or county) (State or foreign country)

Due to.....
Due to.....

10. Usual occupation Clerk

Other conditions (Include pregnancy within 3 months of death) 50

11. Industry or business.....

MOTHER FATHER

12. Name Joseph Bridges

13. Birthplace no record Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Emma Ramsey

15. Birthplace no record Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence W. Gepford

(b) Address 3328 Indiana

17. (a) Burial (b) Date thereof 3-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Troost

19. (a) 3-21-46 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy None
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) (c) Means of injury
23. Signature Clark W Sedford (City or town) (County) (State)
Address Med. Dir. Gen'l Hosp. Date signed 3-19-46

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

JAN 22 1953

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..... *Guy Buffington*
Licensed Embalmer No. *2757*
P. O. Address..... *R. 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.