

FILED OCT 8 1946  
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON**  
(b) City or town **JACKSON CITY**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **ST. MARY'S HOSPITAL 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5-DAYS** (Specify whether  
In this community **11 YEARS** years, months or days)

3. (a) PRINT FULL NAME **MILDRED MINERVA GURLEY**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **494-12-0789**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MR. HARRY WYNN GURLEY** 6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **JUNE 25 1917**  
(Month) (Day) (Year)

8. AGE: Years **29** Months **2** Days **25** If less than one day by min.

9. Birthplace **WEETON - MISSOURI 17**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business

12. Name **CHARLES L. WOODWARD**

13. Birthplace **INDIANA 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **ANNIE KAUFMAN**

15. Birthplace **INDIANA 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **A. F. Gurley**

(b) Address **3202 E 6th St**

17. (a) **BURIAL** (b) Date thereof **SEPT-23-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEMETERY**

18. (a) Signature of funeral director **D. H. Swenson's Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **9-23-46** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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") **3**  
(d) Street No. **3202 E 6TH STREET** (If rural, give location) **8**  
(e) Citizen of foreign country? **NO** (Yes or No) **0**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **20th**  
year **1946** hour **8** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Pathologist** to 19...  
that I last saw him alive on 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **Poliomyelitis - Bulbar**  
Due to

Other conditions **36**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **See Above**

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) (b) Means of injury

23. Signature **A. E. Oscher MD** (M. D. or other)

Address **3800 Main** Date **9/21/46**

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

0-2  
45  
7-39  
47070

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**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 *Carl Rapp*  
Licensed Embalmer No. *23458*  
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.**