

No. 2
-12-45
-17-39
X47070

State File No. _____

FILED DEC 9 1946
Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 4983

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:
5113 TROOST AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 39 YEARS (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5113 TROOST AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? NO 1 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ANNA LAURA GASTON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. MARY GASTON

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

7. Birth date of deceased FEB. 11 - 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 9 7 1/2 hr. min.

9. Birthplace BENTONS PORT IOWA 1
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name GEORGE CONWYS 1

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

14. Maiden name MARGARET LAUDERMILK

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

16. (a) Informant MRS. FERN NELLIE PUTNAM

(b) Address 5113 TROOST AVENUE

17. (a) BURIAL (b) Date thereof NOV. 29 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director C. N. Newcomer, Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 11-27-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26th
year 1946 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 14, 1946 to November 25, 1946
that I last saw her alive on November 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Coronary occlusion</u>	<u>?</u>
Due to <u>chronic arterial hypertension</u> ?	
Due to <u>sterility</u>	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy	

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) (e) Means of injury 2

23. Signature V. W. Furrill (M. D. or other) DD
Address 407 1/2 Williams Bldg Date signed 11-26-46

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

11-5
31st Street

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..... *Emile M. Calhoun*

Licensed Embalmer No. *3506*

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.