

FILED DEC 19 1946

Registration District No. _____

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:
Grosse Nursing Home, 3918 Charlotte St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 weeks**
In this community **4 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **MRS. ALICE GILLMAN**

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 **Walter F. Gillman** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 15th 1892**
(Month) (Day) (Year)

8. AGE: Years **54** Months **3** Days **18** If less than one day hr. _____ min. _____

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **John W. Robinson**

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

14. Maiden name **Elizabeth Dobson**

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

16. (a) Informant **Mrs. R. K. Hutsell**

(b) Address **5321 Mohawk Lane**

17. (a) **Removal** (b) Date thereof **12 - 4 - 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marissa, Illinois**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**
(b) Address **104 West 42nd. St, Kansas City, Mo.**

19. (a) **12-4-46** (b) **Alfredine Holman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Johnson**
(c) City or town **Kansas City** "rural"
(If outside city or town limits, write "RURAL")
(d) Street No. **5321 Mohawk Lane**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **3rd.**
year **1946** hour **2:30** minute _____ P. **A.** M. _____

21. I hereby certify that I attended the deceased from **July 31 1942** to **Dec 3 1946**
that I last saw her alive on **Dec 3 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of Cervix
Radium Implantation Aug 3, 1942
Due to **Cystostomy for Low Bowel**
Due to **Obstruction May 1943**

Other conditions: **Intestinal Obstruction Sept 1944**
(Include pregnancy within 3 months of death)

Major findings: **Intestinal Obstruction - Oct 7, 1944**
Metastasis of Carcinoma Through
Bladder Pelvis
No autopsy 480

Duration **4 yrs +**
1942
PHYSICIAN
Oct 7, 1944
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)
By Means of injury _____

23. Signature **Sue R. Ferris** (M. D. or other) _____
Address **934 Ogden Blvd** Date **Dec 4, 1946**

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.