S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4844

Registrar's No. 573

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: 26 days (Specify whether years, months or days)

In this community: 20 years

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.: 1417½ Madison
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Nadine Gifford

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: wh

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

6. (b) Name of husband or wife: Alfred J. Gifford

6. (c) Age of husband or wife if alive: 35 years

7. Birth date of deceased: Jan 2 - 1907 (Month) (Day) (Year)

8. AGE: Years: 40 Months: 1 Days: 3 If less than one day: hr. min.

9. Birthplace: Bridgeport (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation: Home Wife

11. Industry or business:

FATHER
12. Name: [illegible]
13. Birthplace: (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: [illegible]
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Alfred John Gifford

(b) Address: 112 Ewing, KC Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-8-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn Cem

18. (a) Signature of funeral director: Geo. C. Carson

(b) Address: Independence, Mo.

19. (a) 2-7-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 5 year: 1947 hour: 11 minute: 40 A.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1947 to Feb. 5, 1947 and that I last saw her alive on Feb. 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia-Chronic glomerulonephritis — Duration:

Due to:

Due to:

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

Major findings: Of operations: 131 b

Of autopsy: See above

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Wm. W. Hart (M. D. or other) Med. Dir. Gen'l Hosp.

Address: Date signed: 2-5-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Fitzwilliam
Dr. Gregor

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 Lloyd Colenson

Licensed Embalmer No. H199

P. O. Address Independence

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.