

FILED APR 1 1947
149

Registration District No. 149

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:
Krestwoods Conu. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 65 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson ⁹⁹⁹

(c) City or town Kansas City ¹⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 5613 Roe Blvd. ⁰
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No) ²⁰
If yes, name country _____

3. (a) PRINT FULL NAME MARY GERNER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife George E. Gerner

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

7. Birth date of deceased Oct. 23 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3/7 to 3/14 1947
that I last saw her alive on 3/11 1947
and that death occurred on the date and hour stated above.

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

73	4	21	hr. _____ min. _____
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Immediate cause of death Cerebral Arterio Sclerosis ³⁴⁴⁰

Due to General Arteriosclerosis ⁶⁴⁴

Due to Hypertension ⁶⁴⁴

Other conditions (Include pregnancy within 3 months of death) 97

9. Birthplace Abadair Wales ⁴
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business At home

12. Name David Howells

13. Birthplace no record Wales ⁴
(City, town, or county) (State or foreign country)

14. Maiden name Mary Price

15. Birthplace no record Wales ⁴
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Phillip Cesna

(b) Address 5613 Roe Blvd.

17. (a) Burial (b) Date thereof 3/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cem.

18. (a) Signature of funeral director Wates Funeral Home

(b) Address Kansas City, Kansas

19. (a) 3-17-47 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

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 F. J. Cornwell (M. D. or other) ^{MD O}

Address 327 Oakdale Bldg Date signed 7/4-47

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

MOTHER FATHER

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.....

Wm. J. Ward

Licensed Embalmer No.....

3991

P. O. Address.....

308 E 68th St

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.