

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27979
Registrar's No. 3505

FILED AUG 26 1947

Registration District No. 1005

Primary Registration District No. 1005

Registrar's No. 3505

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

1. PLACE OF DEATH: Jacks on

(a) County Kansas City

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3243 Gillham Plaza,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community 45 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Dlera Van Gilder

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Frank Edwin Van Gilder

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

7. Birth date of deceased April 15 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 29 If less than one day
hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER

12. Name Indall

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

14. Maiden name Dlera Darwin

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

16. (a) Informant Mrs. Agnes Blanchard

(b) Address 3243 Gillham Plaza, K. C., Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8-15-47
(Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-14-47 (Date received local registrar) Deraldine Holmes (Registrar's signature)

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. 3243 Gillham Plaza, 8
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1947 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 6, 1947, to Aug 13, 1947
that I last saw her alive on Aug 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 731

Of operations _____

Of autopsy none

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 0

23. Signature Frederick E. Wade M. D. or other MD.
Address 306 E 12 Date Aug 13 1947

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

J. Clair Shepard
.....
Licensed Embalmer No. *4179*
P. O. Address *K. S. Moore*

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.