. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31213

FILED SEP 23 1947

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3908

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

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 Hosp. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hours (Specify whether
In this community ~~5 yrs~~ 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Bethelity
(If outside city or town limits, write "RURAL")
(d) Street No. 51 R.R. 19th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDDIE GILTNER
3. (b) If veteran, name war World War I
3. (c) Social Security No. 565-20-7371
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 5 (Day) 1894 (Year)

8. AGE: Years 53 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Nailer
11. Industry or business K.C. Casket Co.
FATHER
12. Name Thomas J. Giltner
13. Birthplace (City, town, or county) Del (State or foreign country)
MOTHER
14. Maiden name Jennie Marasch
15. Birthplace (City, town, or county) Del (State or foreign country)
16. (a) Informant Al Giltner
(b) Address 1126 Quindaro
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope K.C.K.
18. (a) Signature of funeral director Geo. H. Long
(b) Address Kansas City Kans
19. (a) 9-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1947 hour 8 minute 50 A M.
21. I hereby certify that I attended the deceased from 9-12, 1947, to 9-13, 1947
that I last saw him alive on 9-13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral lung abscess with rupture into r. lower lobe bronchi and pneumothorax rt. (non T.B.)
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 114 D
Of autopsy See above

Duration

PHYSICIAN
Underline the cause of 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) M.D.
Address Med. Dir. Gen'l Hosp. Date signed 9-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Keeler

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 Louis A. Long.

Licensed Embalmer No. 3417.

P. O. Address 713 No. 10th 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.