

S. No. 30
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1085
Registrar's No. 388

FILED FEB 7 1948
Registration District No. 49

Primary Registration District No. 1002

WRITE PLAINLY—USE 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:
1317 ILLINOIS AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 68 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME EUNICE RACHEL GAMBOL
(b) If veteran, name war NO
(c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
(b) Name of husband or wife MIR. CHAS. W. GAMBOL
(c) Age of husband or wife if alive 1850 years
7. Birth date of deceased JUNE 18 1850
(Month) (Day) (Year)

8. AGE: Years 97 Months 7 Days 8
If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business
12. Name WILLIAM MORRIS
13. Birthplace PETERSBURG VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name ROSEANNA HERBERTSON
15. Birthplace WYCKOFF NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant MRS MARY L. BARRETT
(b) Address 1317 ILLINOIS AVENUE
17. (a) BURIAL (b) Date thereof JAN 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Jr.
(b) Address 1401 BRUSH CREEK BLVD.
1-28-48 (c) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 1317 ILLINOIS AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY Day 26TH
Year 1948 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 26 1948 to Jan 26 1948
and that I last saw her alive on Jan 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 yr
Due to Coronary Artery Thrombosis 2 yr

Other conditions (Include pregnancy within 3 months of death)
Major findings: 48
Of operations
Of autopsy

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?
While at work (Specify type of place) (e) Means of injury D
23. Signature George B. Helm (M. D. or other)
Address 400 1/2 N. 1st St. Date signed 1-26-48

August 1929

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 *Edward M. Storey*
Licensed Embalmer No. *4452*
P. O. Address *P. O. 4 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.