No. 2
1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1088

FILED FEB 3 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 300

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

1. PLACE OF DEATH:
(a) County Jackson Mo
(b) City or town K.C. Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hrs. (Specify whether years, months or days)
In this community 36 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3843 Summit (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jerry Douglas Gehrs.
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 18 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 36 hr. min.

9. Birthplace K.C. Mo (City, town, or county) (State or foreign country)
10. Usual occupation infant
11. Industry or business
FATHER
12. Name Jean Gehrs
13. Birthplace K.C. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Kathryn Smith
15. Birthplace K.C. Kansas (City, town, or county) (State or foreign country)
16. (a) Informant Jean Gehrs
(b) Address 3843 Summit
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Quirk & Tobin
(b) Address K.C. Mo
19. (a) 1-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19 year 1948 hour 136 minute M.
21. I hereby certify that I attended the deceased from 1/18/48, 19, to 1/19/48, 19; that I last saw him alive on 1/19, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Hemolytic Anemia J Newborn
Due to Erythroblastosis Fetalis
Due to Rh Blood incompatibility
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 161c
Of autopsy

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 0
23. Signature Gerald L. Miller (M. D. or other) MD
Address 4711 Central, K.C., Mo Date signed 1/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Ice 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.