No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12680 12580

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1821

48
3

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~~: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 4 DAYS (Specify whether
In this community 45 YEARS
years, months or days)

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. 3445 MONTGALL AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MRS VIOLA BLANCHE Gilchrist
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED
6. (b) Name of husband ~~or wife~~ ERNEST A. GILCHRIST
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased JUNE (Month) 22 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	10	2	hr. min.

9. Birthplace THOMASVILLE (City, town, or county) NORTH CAROLINA (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME

FATHER
12. Name CORNELIUS JONES McCRACKEN
13. Birthplace (City, town, or county) NORTH CAROLINA (State or foreign country)

MOTHER
14. Maiden name HANNER
15. Birthplace (City, town, or county) NORTH CAROLINA (State or foreign country)

16. (a) Informant Mrs. Ernest A. Gilchrist
(b) Address 3445 MONTGALL
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof APRIL-26-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY
18. (a) Signature of funeral director Dr. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD. KC Mo.
19. (a) 4-26-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1948 hour 4 minute 44 P M.
21. I hereby certify that I attended the deceased from ..., 1948 to April 24, 1948
that I last saw her alive on April 24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Hypertension	yrs
Due to: Arteriosclerosis	yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 83a

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 [signature] (M. D. or other) MD
Address KC MO Date signed 4/25/48

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

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 Jess T. Davis

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.