

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **29265**  
Registrar's No. **3671**

FILED SEP 18 1948  
Registration District No. **149**

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:  
**GENERAL HOSPITAL NO. 20**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 DAYS** (Specify whether  
In this community **25 YRS.** (Specify whether  
years, months or days)

3: (a) PRINT FULL NAME **LEE GANDY**  
3: (b) If veteran, name war **No** 3: (c) Social Security No. **496-16-6323**

4. Sex **MALE** 2 5. Color or race **NEGRO** 6: (a) Single, widowed, married, divorced **MARRIED**  
6: (b) Name of husband or wife **SOPHIA GANDY** 6: (c) Age of husband or wife if alive **60** years  
7. Birth date of deceased **DECEMBER 13, 1886**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61 8 23** hr. min.

9. Birthplace **EDNA TEXAS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **PORTER**

11. Industry or business

12. Name **MANUEL GANDY**

13. Birthplace **EDNA TEXAS**  
(City, town, or county) (State or foreign country)

14. Maiden name **SALLIE WHITEFIELD**

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

16: (a) Informant **SOPHIA GANDY (WIFE)**

(b) Address **2116 TRACY**

17: (a) **Burial** (b) Date thereof: **9/11/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18: (a) Signature of funeral director **Anthony J. Reed**

(b) Address **1729 Republic Ave.**

19: (a) **9-8-48** (b) **Thelma H. Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **JACKSON** 48  
(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2116 TRACY**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** day **6**,  
year **1948** hour **7:** minute **10 P. M.**

21. I hereby certify that I attended the deceased from **JULY 28**,  
**1948**, to **SEPTEMBER 6**, **1948**;  
that I last saw **IM** alive on **SEPTEMBER 6**, **1948**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **STRICTURE OF POST-URETHRA WITH URINARY EXTRAVASATION**  
2. **PYELITIS**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **1)**

23. Signature **[Signature]** (M. D. or other) **MD, MO**

Address **GENERAL HOSPITAL NO. 2** Date signed **9/7/48**

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**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. Jerome Manlove*

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**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.**