

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8369

State File No.

1083

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

| | | | | | |
|--|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) 17 yrs. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. 3343 Flora | | | d. STREET ADDRESS (If rural, give location) 3343 Flora | | |

| | | | | | |
|---|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) Gatewood c. (Last) GEORGE | | | 4. DATE OF DEATH (Month) (Day) (Year) March 3, 1952 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH ? | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Denver, Colorado | | 12. CITIZEN OF WHAT COUNTRY? USA |

| | | |
|---|---|--|
| 13a. FATHER'S NAME UNKNOWN | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE UNKNOWN |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Al Meiners, 3343 Flora, K. C., Mo. |

| | | | |
|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH one year Two years long time 4221 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis | | |
| | ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis DUE TO (c) General Debility | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Feb 25, 1952 to Mar 3, 1952, that I last saw the deceased alive on Mar 1, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|---|---|--|
| 23a. SIGNATURE John S. Lapp (Degree or title) M.D. | 23b. ADDRESS 1314 Professional Bldg | 23c. DATE SIGNED Mar 7 52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-5-52 | 24c. NAME OF CEMETERY OR CREMATORY Calvary |
| 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-McGilley-Eylar, Kansas City, Mo. | |
| DATE REC'D BY LOCAL REG. 3-7-52 | REGISTRAR'S SIGNATURE Geraldine Holmes | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FILED MAR 22 1952

208
1

3528

Dr. John Kappes - Prof. Bldg.
Wed - 1 P.M.

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Adrian Jay Stitt

Licensed Embalmer No. 4882

P. O. Address 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.