

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0480 State File No. 24452
3215

AUG 4 1952

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

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| 1. PLACE OF DEATH a. CITY 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City "RURAL" | |
| c. LENGTH OF STAY (In this place) 32 YRS. | | d. STREET ADDRESS (If rural, give location) 616 West 87th Street | |
| d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION St. Lukes Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Agnes b. (Middle) E c. (Last) GEHRS | | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 14 1952 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced m | 8. DATE OF BIRTH April 14 1902 | 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months Days | IF UNDER 1 HR. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) Stover, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |

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| 13a. FATHER'S NAME Henry Bauer | 13b. MOTHER'S MAIDEN NAME Pauline Noltino | 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. 495-05-1418 | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Jean D Gehro 616 W 87th St. |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exhaustion | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES DUE TO (b) Generalized carcinomatosis | | |
| | DUE TO (c) Probably ovarian primary site | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 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) | 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 1-25, 1950, to 7-14, 1952, that I last saw the deceased alive on 7-14-52, 1952, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE Frank H. Hodgson, M.D. (Degree or title) | 23b. ADDRESS 4301 Main | 23c. DATE SIGNED 7/15/52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 7-16-52 | 24c. NAME OF CEMETERY OR CREMATORY STOVER CEMETERY |
| 24d. LOCATION (City, town, or county) (State) STOVER MISSOURI | 25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer | ADDRESS 1331-13th Street, Kansas City, Mo. |
| DATE REC'D BY LOCAL REG. 7-16-52 | REGISTRAR'S SIGNATURE Geraldine Holmes | |

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

22-3323

MAY 1952

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.