

REC'D AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24555
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Wm Primary Registration District No. 1002 Registered No. 2768
 (c) City Kansas City, Mo Street No. Research St. High
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 550 1232 E 24th St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah E. Gahman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 1856
 7. AGE YEARS 82 MONTHS 10 DAYS 26 IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Paper Hanger
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Penn.

FATHER

13. NAME David Gahman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Penn.

MOTHER

15. MAIDEN NAME E. Munch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Penn.

17. INFORMANT (ADDRESS)

Mrs May Aldridge 1232 E. 24th No Skema

18. BURIAL CREMATION, OR REMOVAL

PLACE Wichita, Kan DATE July 11, 1939

19. FUNERAL DIRECTOR (NAME)

Morton Humphreys

20. FILED

July 10, 1939 M. M. Orsine
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1939, to July 8, 1939
 (last saw him alive on July 8, 1939. Death is said to have occurred on the date stated above, at 3:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Shock (following amputation of right leg)
Thrombosis of right popliteal artery
gangrene of right leg
Senility
 Other contributory causes of importance: _____

Date of onset
7/8/39
6/25/39
7/1/39

Name of operation Amputation of leg Date of _____ 7-8-39

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____
 (Signed) Wm R. Stacey, M. D.
 (Address) North Kansas City, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14023

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.