

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28365
Registrar's No. 3367

Registration District No. 1002

Primary Registration District No. 1002

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 1600 E. 25 Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 24 yrs. 7 mos. 3 da. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gladys Ruby Hanley 546

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 19, 1915 (Month) (Day) (Year)

8. AGE: Years 24 Months 7 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Independence Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business none

12. Name Wade Hanley

13. Birthplace Independence Mo. (City, town, or county) (State or foreign country)

14. Maiden name Wade Nickay

15. Birthplace California Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wade B. Hanley

(b) Address 1600 E. 25th St 2nd floor East

17. (a) Burial (b) Date thereof 8-28-39 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director W. Appleton Jones

(b) Address 1905 Vine Street

19. (a) 8/27/39 (b) M. M. Groomer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1600 E. 25 St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24 year 1939 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from 1-5-38 to 8-24-39, that I last saw her alive on 8-24-39 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pulmonary Tuberculosis

Due to T. B.

Due to 23

Other conditions none (Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

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 _____

23. Signature F. J. Hanley (M. D. or other)

Address 2200 16-18 Date signed 8-26-39

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. *2710*

P. O. Address *R. E. Mc*

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.