

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35079**
Registrar's No. **4054**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson** **DEPT 1077 14 1939**
 (a) County **Jackson**
 (b) City or town **Kansas City, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Menorah Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 weeks**
 (Specify whether
 In this community **55 years**
 years, months or days)

3. (a) PRINT FULL NAME **Mrs. Josie A. Gimpel 514**
 3. (b) If veteran, name war **-- No**
 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife **Edward Gimpel** 6. (c) Age of husband or wife if alive **--** years
 7. Birth date of deceased **June 1st 1884**
 (Month) (Day) (Year)

8. AGE: Years **55** Months **4** Days **18** If less than one day
 hr. min.

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

10. Usual occupation **Minister**

11. Industry or business **Spiritualist**

MOTHER FATHER { 12. Name **Asaph R. Perkins**

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

14. Maiden name **Augusta Dickson**

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

16. (a) Informant's own signature **Myron R. Perkins**

(b) Address **4115 Virginia, K.C. Mo.**

17. (a) **Cremation** (b) Date thereof **Oct. 23-39**
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **C.H. Blackman & Son, Inc**

(b) Address **2825 Indep. Blvd. K.C. Mo.**

19. (a) **10/23/39** (b) **M. M. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4115 Virginia**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **28th**
 year **1939** hour **3 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **9-30**, 1939, to **10-19**, 1939.
 that I last saw him alive on **10-18**, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Adolescent Injuries**
Autolysis & Obstruction
 Duration **8 days**

Due to **Adolescent General Peritonitis**
 Due to **22/10**
 4 days

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: **Small Intestinal Obstruction**

Of operations _____

Of autopsy **NO**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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?
 (Specify type of place) (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **!**

Address _____ Date signed _____

Dr. Claude Hunt, Prof. Bldg.

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.