

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.

DEC 11 1939

399

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4454

1. PLACE OF DEATH:
 (a) County Jackson 2
 (b) City or town Key, K.C. Mo.
 (c) Name of hospital or institution:
3118 Anderson
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 6 months (Specify whether years, months or days)

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. 3118 Anderson
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME John Gillip 410
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 21
 year 1939 hour 3:45 minute PM M.

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Ina Gillip 6. (c) Age of husband or wife if alive 81 years
 7. Birth date of deceased Sept. 2, 1866
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-9, 1938, to 11-21, 1939;
 that I last saw him alive on 11-21, 1939,
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>19</u>	hr. _____ min.

Immediate cause of death
Congestive heart failure.
 Due to Chronic interstitial nephritis with edema
 Due to 101
 Other conditions (Include pregnancy within 3 months of death)

Duration
1 year
1 year
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired
 11. Industry or business Farmer
 MOTHER FATHER
 { 12. Name Bob Gillip
 { 13. Birthplace Mo.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Nancy Roberts
 { 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant's own signature Mrs. Ina Gillip
 (b) Address 3118 Anderson
 17. (a) Burial (b) Date thereof Nov. 23-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Harrisburg, Mo.
 18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address 2825 Indep. Blvd. K.C. Mo.
 19. (a) Nov 22 1939 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

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)
 While at work? _____ (e) Means of injury _____
 23. Signature Lawrence W. Brown (M. D. or other)
 Address 3200 Euclid Ave. Date signed 11-22-39

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K C M

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.