

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.

JAN 13 1940

Registration District No. 399

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month 11 days
(Specify whether
 In this community 51 Years
years, months or days)

3. (a) PRINT FULL NAME: Miss Imogene Gillette 430
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Female **5. Color or race:** White
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: March 23 23 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace: Pittsburg Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business: Home

MOTHER FATHER
12. Name: Alphonso W. Gillette
13. Birthplace: Randolph New York
(City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Miller
15. Birthplace: Upper Sandusky Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Miss Jennie Gillette
(b) Address: 2119 Linwood Blvd.

17. (a) Burial: _____ **(b) Date thereof:** Dec. 6, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: D. W. Wadsworth
(b) Address: 1401 Brush Creek Blvd.
Dec. 5, 1939

19. (a) (Date received local registrar): _____ **(b) (Registrar's signature):** M. M. Brown

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. 2119 Linwood Blvd
(If rural, give location)
 (e) If foreign born, how long in U. S. A.: _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4
 year 1939 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from Wesley Carter
19, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Ch. Pulmonary Emu.
Chronic Fibrous Myocarditis
 Due to _____
 Due to _____
 Other conditions: Ch. Nephritis (Vasc.)
(Include pregnancy within 3 months of death)
Major findings: Chronic Bronchitis & Hyp
 Of operations _____
 Of autopsy _____

Duration
18 1/2
15

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): Accident
 (b) Date of occurrence: 10-21-39
 (c) Where did injury occur? Home
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

23. Signature: Wesley Carter (M. D. or other)
 Address: _____ Date signed: _____

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address. K C 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, above space should be left blank.