

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4800**

JAN 13 1940

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Vineyard Park, Hospital, K.C. Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 weeks
(Specify whether
 In this community 62 years
years, months or days)

8. (a) PRINT FULL NAME Arthur Gidley **3U0**

8. (b) If veteran, name war no 8. (c) Social Security No. none

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

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

7. Birth date of deceased Sept. 5th, 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 12 If less than one day hr. min.

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

10. Usual occupation County Assessors Office 4 yrs

11. Industry or business in City Assessors office 16 yrs

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Mrs. H. V. Farrow

(b) Address 415 S. Bullair Ave.

17. (a) Burial (b) Date thereof Dec. 19/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery.

18. (a) Signature of funeral director Mrs. C.L. Forster,

(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Dec. 19, 1939 (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. 501 South Oakley Avenue, K.C. Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
 year 1939 hour 12 minute 15-4 M.

21. I hereby certify that I attended the deceased from Oct 6, 1939, to Dec 17, 1939
 that I last saw her alive on Dec 16, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to 46 5/11/00

Due to Peritonitis of Colon

Other conditions 1 yr
(include pregnancy within 3 months of death)

22. Major findings: Int. Obstruction
Cancer of sigmoid
 Of autopsy no

MOTHER FATHER

Duration
 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? _____

While at work? _____ (Specify type of place) (v) Means of injury _____

23. Signature J. E. Stelldo (M. D. or other) _____
 Address St. Louis Date signed 12-10-39

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.

Phone No. 4175

604-

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 *M*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Theron A. Redman*

Licensed Embalmer No. *2737*

P. O. Address *A. C. ...*

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.