

399

1002

Registrar's No. **187**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson **1**
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
Unknown (Specify whether
In this community 431
years, months or days)

3. (a) PRINT FULL NAME Mrs. Bessie May Gladfelter

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Charles I. Gladfelter 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 4 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 1 10 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name Richard Allen Bradley **0**

13. Birthplace Missouri **0**

14. Maiden name Virginia P. Yarbey (State or foreign country)

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

16. (a) Informant's own signature Charles I. Gladfelter

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 1-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan. 15, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0
(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1940 hour 9:15 minute A M.

21. I hereby certify that I attended the deceased from January 7, 1940 to January 14, 1940
that I last saw him alive on January 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration _____

Due to 12:30

Due to _____

Other conditions Strangulated Hernia
(Include pregnancy within 3 months of death)

Major findings: Strangulated umbilical Hernia containing omentum signed & Read chief 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) (e) Means of injury 1

23. Signature John Neal (M. D. or member)
Address Kansas City, Mo Date signed 1/14/40

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.

COPY 1934

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.