

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(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:
5808 Norledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 1 1/2 years (Specify whether years, months or days)

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. 5808 Norledge
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 58.40
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him or her on _____ 19____;
and that he or she died on the date and hour stated above.
Immediate cause of death _____

Dr. J. J. Carver
Hemopericardium
Rupture of the heart
Acute myomalacia
Acute coronary occlusion
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 _____
23. Signature W. H. Baker (M. D. or other) _____
Address K.C. Mo. Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Mrs. Mattie R. Gunn
8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Francis Gunn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 25th, 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker
At Home

11. Industry or business _____
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 Donald Gunn
(b) Address 5808 Norledge, K.C. Mo.

17. (a) Burial (b) Date thereof May 9th-10
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brookings

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address 2825 Indep. Blvd. K.C. Mo.

19. (a) May 9, 1946 (b) M. M. Crause
(Date received local registrar) (Registrar's signature)

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

B. H. Blackmer

Licensed Embalmer No.

2244

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.