OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30885

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3448

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: Childrens Mercy Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2:30 P.M. to 6:05 P.M. 9-2-40, (Specify whether In this community 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. 6400½ E. 10th (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Gloria Jean Pickett

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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 Sept. 2 - 1940 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 5½ hr. ..... min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Ray E Pickett
13. Birthplace Mass. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pearl Viola Bray
15. Birthplace Nebr. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray E Pickett

(b) Address 6400½ E 10

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-40 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director John P Sheil

(b) Address 6606 Independence

19. (a) Sept. 3, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1940 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from Sept 2, 1940, to Sept 2, 1940 that I last saw her alive on Sept 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure — Premature birth, (6½ mos.)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — 159

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. Riller MD (M. D. or other)

Address 920 Newton ave Date signed 9/3/40

(Licensed Embalmer's Statement on Reverse Side) KC Mo.

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.

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.