V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34503

NOV 1 2 1940

Registration District No. 899

Primary Registration District No. 1002

Registrar's No. 4019

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

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: 1114 E. 19th 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Life 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. 1114 E. 19th St. (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Gaylord

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

4. Sex Fe-

5. Color or race Col

6. (a) Single, widowed, ~~married~~, ~~divorced~~ Widowed

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June (Month) 1 (Day) 1860 (Year)

8. AGE: Years 80 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Matt. Hall
13. Birthplace Humesville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Hall
15. Birthplace Humesville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Della Gaylord

(b) Address 1114 E. 19th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Irving and McCoy

(b) Address 1513 Troost

19. (a) 10-19-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1940 hour 9 AM. minute 9 A.M.

21. I hereby certify that I attended the deceased from Oct 15-40, 1940, to Oct 17th, 1940, that I last saw her alive on Oct 15th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration Complete weeks

Due to — 82 hr

Due to —

Other conditions age (Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) none

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work none (e) Means of injury none

23. Signature L. B. Guggenheim (M. D. ~~or other~~)

Address 2102 E 18th Date signed 10/17/40

(Licensed Embalmer's Statement on Reverse Side)

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 L. J. Harris, Sr.

Licensed Embalmer No. 3388

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.