

No. 2
-13-40
-17-39
X23159

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4426**

REC'D DEC 11 1940

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:
1815 East 36th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2
(Specify whether years, months or days)

In this community 30 Years
(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. 1815 East 36th Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Mayme G. Morrison Gilges

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mr. R. F. Gilges 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 2 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59	7	17	hr. min.
----	---	----	----------

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

10. Usual occupation Housewife

11. Industry or business ---

12. Name John T. Morrison

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

14. Maiden name Jennie Owens

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

16. (a) Informant W. F. Gilges
(b) Address 1815 East 36th

17. (a) Removal (b) Date thereof 11-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Muncie Cemetery Leavenworth, Kansas

18. (a) Signature of funeral director D. W. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-20-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th
year 1940 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from Nov. 14, 1940 to Nov. 18, 1940
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 6 mon

Due to Thyrotropic Heart Disease 10 yr

Due to Thyrotropic Heart Disease 20 yr

Other conditions 660

Major findings: Of operations ---

Of autopsy ---

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? ---

(Specify type of place) ---
While at work? (e) Means of injury ---

23. Signature Don C. ... (M.D. or other) ---
Address 551 ... Date signed ---

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

MOTHER FATHER

Wright 12007

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 *C. Hervey Quisenberry*
Licensed Embalmer No. *4070*
P. O. Address *H. C. M.*

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, fact should be so stated above.