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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

Registration District No. 1499

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41544

Registrar's No. 4937

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: Wheatley Provident Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12/24 to /12/25 (Specify whether

In this community 26 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. 2322 Lydia (If rural, give location)

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

3. (a) PRINT FULL NAME Annette N. Gleed

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Gleed

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August (Month) ? (Day) 1873 (Year)

8. AGE: Years 67 Months ? Days ? If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Emmett Gibbs
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Louella
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Fred Gleed

(b) Address 2322 Lydia

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/27/40 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 12-27-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1940 hour 5 minute A. M. M.

21. I hereby certify that I attended the deceased from 12-22-40 12-23, 1940 to 12-25-, 1940 that I last saw her alive on 12-25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Brain Hemorrhage Arteria Sclerosis

Due to

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

Major findings: Of operations ✓

Of autopsy

Duration

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 L. V. Miller (M. D. or other)

Address 12-26-40 Date signed 12-26-24

(Licensed Embalmer's Statement on Reverse Side)

L V. Miller

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 Isaac Jerome Manlo

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23 rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.