

Registration District No. 299

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Fairmount Station Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Joseph Henry Gaiser
8. (b) If veteran, name war. _____ 8. (c) Social Security No. 487-01-9848

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Gaiser 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August 17, 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Butler Mfg Co.

11. Industry or business Laborer

12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Gaiser

(b) Address 1287 Ash Kansas City

17. (a) Burial (b) Date thereof Feb. 22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Meriah R.C.M.

18. (a) Signature of funeral director Cato & Speaks

(b) Address Independence Mo

19. (a) 2/21/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Fairmount Station (C.M.)
(If outside city or town limits, write "RURAL")
(d) Street No. 1287 Ash Ave 8
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1941 hour _____ minute 7:20 P

21. I hereby certify that I attended the deceased from Feb-4-1940
1940, to Feb-20, 1941;
that I last saw him alive on Feb. 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Aortic Stenosis (Rheumatic)

Due to Contributing Hyperthyroidism

Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations

Of autopsy no 6312

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) Means of injury _____

23. Signature Paul P. Johnson (M. D. no)
Address 5400 Indep. Ave Date signed 2/21/41
KE-100

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

2

48
3
8

48

8

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

..... Registered Apprentice No.....
working under my personal supervision.

Signed

Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.