

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6064**

MAR 14 1941

Registration District No. 3.99 Primary Registration District No. 1002 Registrar's No. 836

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Menorah Hospital
(d) Length of stay: In hospital or institution 9 years
In this community 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 703 East 10th Street
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Gertrude Janice Christman
3. (b) If veteran, name war. No 3. (c) Social Security No. 494-12-9611

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 25th day February year 1941 hour _____ minute _____ M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kenneth C. Christman 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased October 4, 1913

21. I hereby certify that I attended the deceased from 21st Feb. 1941 to 25th Feb. 1941
that I last saw h. alive on 2/25 and that death occurred on the date and hour stated above.
Immediate cause of death Incomplete Intestinal Obstruction

8. AGE: Years 27 Months 4 Days 21 If less than one day hr. _____ min. _____

Due to Post-operative Adhesions - 3 mths
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Pat. of Adhesions
Of autopsy None done

9. Birthplace Missouri
10. Usual occupation Drug clerk
11. Industry or business _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Harold Henderson
13. Birthplace Louisiana
14. Maiden name Don't know
15. Birthplace Don't know

16. (a) Informant Kenneth C. Christman
(b) Address 703 East 10th Street
17. (a) Burial (b) Date thereof 2-28-41
(c) Place: burial or cremation Highland Park, KCK.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street
19. (a) 2/27/41 (b) M. M. Grome

While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature J. M. Mortuary (M.D. or other) _____
Address Prof. Bldg Date signed 2/27/41

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

Dr Van del

Prof Belg.

Thurs - 11:00 to 5:00

D. Milner 1132

D. M. Milner 1132

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 *Edmund E. Harrison*

Licensed Embalmer No. 481

P. O. Address K. C. Ma

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.