

No. 2
4-13-40
-17-39
X23159

APR 15 1941

Registration District No. 577

Primary Registration District No. 1002

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 General Hospital or institution: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Over Five Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gladdonia Merrill

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Charles Merrill (c) Age of husband or wife if alive Deceased

7. Birth date of deceased Feb. 9 - 1900
(Month) (Day) (Year)

8. AGE: Years 41 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Douglas Arizona
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

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

16. (a) Informant Dorothy Barrett
(b) Address 2420 Vine St

17. (a) Mar. 20 - 41 (b) Date thereof Mar. 20 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director W. H. Appleton
(b) Address 1905 Vine St

19. (a) 718741 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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. 2420 Vine St
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, 16 1941 day 16 hour 30 minute P
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 1931 to 1931; that I last saw him live on and that he died on the date and hour stated above. Immediate cause of death Hypertrophy of the heart

Chronic vascular nephritis & atropic right kidney

Major findings: 131
Of operations 131
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature W. H. Appleton (M. D. or other)
Address K. C. Mo Date signed

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

1000

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. H. Hunt*

Licensed Embalmer No. *3710*

P. O. Address *Kansas City 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, fact should be so stated above.