

Registration District No. 399

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 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 5-13-41-5-22-41
(Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1701 E. 10th St.
(If rural, give location)
(e) Citizen of foreign country? U (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katie Elsie Gear

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 25 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 5 27 hr. min.

9. Birthplace Bourbon County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Mandy Evans

15. Birthplace Roachport (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 5-27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director E. Sterling Biles

(b) Address 18116 1/2th St. Mo. Mo.

19. (a) May 27 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22
year 41 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from
5-13- 1941 to 5-22- 1941;
that I last saw her alive on 5-22- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Type of Heart Disease
Syphilis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)
20 20

Major findings: Of operations _____

Of autopsy _____

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) _____
(e) Means of injury U

23. Signature [Signature] (M. D. or other) _____

Address Gen. Hosp. #2 Date signed 5-27

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *E. Sterling Bills*

Licensed Embalmer No. *3178*

P. O. Address *1812 1/2 N. E. 7th*

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.