

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:  
St. Luke's Hospital ( )  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, 2 WEEKS  
(Specify whether  
In this community, 26 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, Jackson ✓ 8  
(c) City or town, Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 4025 Chestnut Street  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MRS. GERTRUDE M. MAYO

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife GEORGE W. MAYO 6. (c) Age of husband or wife if alive, 7 years

7. Birth date of deceased February 7, 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Samuel Fox

13. Birthplace Macon Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Frances Gaunt

15. Birthplace Harper's Ferry W. Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen S. Mayo  
(b) Address 4025 Chestnut St, Kansas City, Mo.

17. (a) Removal (b) Date thereof Aug. 6, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director D. H. Bukomina, Son

(b) Address 1401 Brush Creek Blvd

19. (a) 8/5/41 (b) M. M. Grone  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4  
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-1 1941 to 8-4 1941;  
that I last saw h. or alive on 8-4 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative Peritonitis  
Due to Carcinoma of the Stomach

Due to 468  
Other conditions (include pregnancy within 3 months of death)

Major findings: Car. of Stomach  
Of operations Peritonitis  
Of autopsy Peritonitis

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature George Lee (M. D. or other) \_\_\_\_\_  
Address 1630 Prof. Play Date signed 8/5/41

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

MOTHER FATHER

SEP 5 1941

*Dr. Geo. Lee*  
*Prof Bldg*  
*11-3*

MAR 4 1941

**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 *George M. Collier*  
Licensed Embalmer No. *3839*  
P. O. Address *D.C. 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.**