

FILED OCT 13 1941
Registration District No. **299**

Primary Registration District No. **1002**

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days** **0**
In this community **34 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **4218 Walnut St.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **31st**
year **1941** hour **8** minute **50** A. M.

21. I hereby certify that I attended the deceased from **8-29-41** 19... to **8-31-41** 19...
that I last saw him alive on **8-31-41** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Atrophic portal cirrhosis of liver**
Duration

Due to **124 1/2**
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **124 1/2**
Of autopsy **See above**
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **Mary R. Thom** (M. D. or other) **D**
Med. Dir. K.C. Gen/Hospital, K.C. Mo.
Date signed

3. (a) PRINT FULL NAME **George A. Gifford**

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

4. Sex **Male** 0 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ellen Gifford** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Jan** **13** **1871**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **18** If less than one day hr. min.

9. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Cleaner**

11. Industry or business **Cleaning**

12. Name **Elihu Gifford**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Blackwell**

15. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ellen Gifford**

(b) Address **4218 Walnut**

17. (a) **Burial** (b) Date thereof **9-3-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph Missouri**

18. (a) Signature of funeral director **G. W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **9/11/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

361 (Licensed Embalmer's Statement on Reverse Side)

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.....

A. R. Hauschild

Licensed Embalmer No. *4159*

P. O. Address *K. 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.