

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS  
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33942  
Registrar's No. 3882

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson  
(a) County  
(b) City or town Kansas City  
(c) Name of hospital or institution: K.C. Gen. Hospital No. 1  
(d) Length of stay: 3 months  
In this community 30 years

3. (a) PRINT FULL NAME MRS. LILLIAN GAMBRELL  
3. (b) If veteran, name war None  
3. (c) Social Security No. 495-07-7980

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

6. (b) Name of husband or wife Charles N. Gambrell  
6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased August 2 1884

8. AGE: Years 57 Months 2 Days 14  
If less than one day hr. min.

9. Birthplace Unknown Ohio

10. Usual occupation Garment Seamstress

11. Industry or business Gelhaar Uniform Co.

12. Name Albert Cooper

13. Birthplace Unknown Indiana

14. Maiden name Anna Barnes

15. Birthplace Unknown Ohio

16. (a) Informant Mrs. Ethel Hawthorn  
(b) Address 2718 Troost Avenue

17. (a) Burial (b) Date thereof October 18, 1941  
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Williams  
(b) Address 1401 Brush Creek Blvd

19. (a) 10-17-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1232 Penn St.  
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 16th  
year 1941 hour 12 minute 35 A. M.

21. I hereby certify that I attended the deceased from July 41, 1941 to Oct. 16th, 1941;  
that I last saw her alive on Oct. 16th, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to 1st

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy Acute Coronary Occlusion and Myocardial Infarction

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 Drew R. Thon (M. D. or other) M.D.  
Address Ed. Dir. K.C. Gen. Hospital Date signed 10/16/1941

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

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

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**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..... *H. C. Newcomer*

Licensed Embalmer No. *4043*

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.**