

No. 2
4-13-40
-17-39
X23152

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:
On street at 603 W. 75th
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 22 years 3
 years, months or days

3. (a) PRINT FULL NAME Theodore Gaither
 3. (b) If veteran, name war No
 3. (c) Social Security No. 495-09-3980

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Helen Gaither
 6. (c) Age of husband or wife if alive 33 years
 7. Birth date of deceased June 30 1899
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 5 4 _____ hr. _____ min.

9. Birthplace Corinth Mississippi
 (City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business Painter

MOTHER FATHER { 12. Name Chester Gaither
 13. Birthplace Jackson, Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Hudson
 (City, town, or county) (State or foreign country)
 15. Birthplace Not Known
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Gaither
 (b) Address 7716 Jefferson

17. (a) Burial (b) Date thereof 12-6-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 12/5/41 (b) M. M. Crow
 (Date received local registrar) (Registrar's signature)

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. 7716 Jefferson
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4 year 1941
 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____
 that I last saw him/her alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Acute pulmonary edema
Due to
Hypertrophy of the heart
Due to
Chronic myocardial infarction
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 95c

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)
 (c) Means of injury 5
 23. Signature M. M. Crow (M. D. or other) 5
 Address 15-e. mo Date signed _____

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

78
26

JUN 29 1942

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 Charles W. Chiles
Licensed Embalmer No. 3473
P. O. Address 76 E 760

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.