

REG. MAR 9 1942
Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 759

1. PLACE OF DEATH: Jackson

(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: 3321 Baltimore /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)

In this community 21 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ^{3,}
(If outside city or town limits, write "RURAL") ⁸

(d) Street No. 3321 Baltimore
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Leah Gorbutt

3. (b) If veteran, name war XX

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd
year 1942 hour 5 minute 45 P. M.

4. Sex Fe /

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ralph H. Gorbutt

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased June 12 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-30, 1941 to 2-23, 1942
that I last saw her alive on 2-21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>8</u>	<u>11</u>	hr. min.

Due to 1321

Due to

9. Birthplace Three Rivers / Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name Rufus Wing

{ 13. Birthplace / Michigan
(City, town, or county) (State or foreign country)

{ 14. Maiden name No Record

{ 15. Birthplace 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Ralph H. Gorbutt

(b) Address 3321 Baltimore

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?

17. (a) Burial (b) Date thereof 2-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

While at work (Specify type of place) (or) Meantime injury

23. Signature George O. Lee (M. D. or other)

Address 1630 Prof of Bldg Date signed 2/24/42

19. (a) 2/24/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

MAR 31 1942

1630 Prof 129
V1 - 1643

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. Hunschell
Licensed Embalmer No. 4159
P. O. Address H C 200

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.