

FILED MAR 9 1942

Registration District No. _____

Primary Registration District No. 5558

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City (Washington Park)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 5 yr.
years, months or days

3. (a) PRINT FULL NAME Ledy C Gibson

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Wm Gibson 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan 8, 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Cassville Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Perry Zimmerman

13. Birthplace Cassville Mo. (1)
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Beaufort

15. Birthplace Mo. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jake Keefer

(b) Address P.O. 1, Grandview Mo

17. (a) Burial (b) Date thereof Mar 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valentine Green Heckman Hill Mo

18. (a) Signature of funeral director B. K. George, Sons

(b) Address Grandview

19. (a) Mar 2, 1942 (b) Dr. Annie G. Hedger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 8217 Euclid Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1942 hour 10 minute 1 P.M.

21. I hereby certify that I attended the deceased from May 24-41
1941 to Feb. 26 1941

that I last saw her alive on Feb. 26 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Duration 3 days

Due to Hypertension (chronic) ?

Due to Atherosclerosis

Other conditions Influenza
(Include pregnancy within 3 months of death) months

Major findings: Of operations 338

Of autopsy _____

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 9.

23. Signature Ronald J. Collins (M. 'D.' or other) D.O.

Address 8210 Woodland Date signed 3-2-42

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

Dr. Callahan
814 W. Mainland.

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 G. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview 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, above space should be left blank.