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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:
5102 Thompson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Years
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5102 Thompson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FOREST LESTER GAYLEY

3. (b) If veteran, name war No

3. (c) Social Security No. 510-05-1566

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mildred

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased August 27, 1907
(Month) (Day) (Year)

8. AGE:	Years <u>34</u>	Months <u>9</u>	Days <u>8</u>	If less than one day hr. _____ min. _____
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9. Birthplace Drexel Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Timekeeper

11. Industry or business Sheffield Steel

MOTHER FATHER

12. Name Dolphia Hilton

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary McFarland

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

16. (a) Informant Mrs. Mildred Gayley

(b) Address 5102 Thompson

17. (a) Burial (b) Date thereof June 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.

(b) Address 2825 Indep. Blvd. K. C. Mo.

19. (a) 6-9-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 42 hour 5 minute 10 M.

21. I hereby certify that I attended the deceased from Jan 10 1941 to June 5 1942
that I last saw him alive on June 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy (attack)

Due to _____

Due to 85

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration 5 yrs

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 Chas. McLean MD (M.D. or other) _____

Address 3676 Indep Date signed 6-5-42

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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 W. Blackman

Licensed Embalmer No. 3639

P. O. Address W. C. W.

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.