V. S. No. 2
OM—1-4-41
ev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20268

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2585

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: 3241 Wabash Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 38 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Kansas~~ Missouri (b) County Jackson
(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")
(d) Street No. 3241 Wabash Ave. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cecilia Ann Gibbons

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife ✓ wk 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 2 (Month) 5 (Day) 1884 (Year)

8. AGE: Years 58 Months 5 Days 0 If less than one day ✓ hr. ✓ min.

9. Birthplace Marion Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Charles P. Hays
13. Birthplace Springfield (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Theresa Johns
15. Birthplace Springfield (City, town, or county) Ky (State or foreign country)

16. (a) Informant Grace Willard
(b) Address 1250 Bunker Ave KCK

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary Conn

18. (a) Signature of funeral director H H Daniels
(b) Address 655 Kansas Ave

19. (a) 7-7-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5
year 42 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from ~~July~~ June 25 1942 to July 5 1942
that I last saw her alive on July 5 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Uterus	2 yrs
Due to 48 D	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy not done	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature George H Moreland (M.D. or other) MD
Address 5-20 Professional Bldg Date signed 7-7-42

341 (Licensed Embalmer's Statement on Reverse Side)

AUG 8 1955

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 J Chuck Werner

Licensed Embalmer No. 2598

P. O. Address K C Kansas

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.