

FILLED JUL 3 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2429

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 40 yrs 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. 2831 Woodland (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Julia Gibbons

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 1858 years

7. Birth date of deceased June 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days (?) If less than one day hr. min.

9. Birthplace No Record (City, town, or county) (State or foreign country)

10. Usual occupation Retired Sales lady

11. Industry or business Meyer Jewellery Co.

12. Name Gibbons

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace M E Feely

(b) Address 2831 Woodland

17. (a) Burial (b) Date thereof June 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Mrs C R Foster

(b) Address 918 Brooklyn

19. (a) 6-28-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1942 hour 11 minute 35 P. M.

21. I hereby certify that I attended the deceased from June 10 1942 to June 22 1942
that I last saw h. er alive on June 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture left hip
Bronchopneumonia

Due to.....

Due to..... 1860

Other conditions 17
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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) Acc 123

(b) Date of occurrence 6-10-1942

(c) Where did injury occur? K. G. Jackson (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place?
Home

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

23. Signature May R. Thorn (M. D. or other)

Address Mt Washington Date signed 6-23-42

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

MOTHER FATHER

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 me

working under my personal supervision. Registered Apprentice No. _____

Signed E. H. Wise

Licensed Embalmer No. 25750

P. O. Address Kansas City 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, fact should be so stated above.