

FILED AUG 12 1942

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2824**

48
3
8
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: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **1 day**
(Specify whether years, months or days)
In this community **35 years**

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. **2131 Summit St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **ROY GILLIAM**

3. (b) If veteran, name war **World War #1**
3. (c) Social Security No. **499-07-8398**

4. Sex **Male 0** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **3 Divorced**
6. (b) Name of husband or wife **Unknown**
6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **Appr. 50** Months Days If less than one day
.....hr.min.

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

10. Usual occupation **Cook**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. George Scopus**
(b) Address **806 Southwest Blvd. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **7 27 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill**
18. (a) Signature of funeral director **Weilert Funeral Home**
(b) Address **2332 Monitor Place: K.C. Mo.**

19. (a) **7/26/42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24th**
year **1942** hour **8:00** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **7-22-42**, 19....., to **7-24-42**, 19.....;
that I last saw him alive on **7-24-42**, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL HEMORRHAGE**
Due to **g/a**
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **See above None**

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) (M. D. or other)
23. Signed **Dr. R. Shaw** **7-24-42**
Address **Dr. K.C. Gen. Hosp.** Date signed.....

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.....

Blaine E. Weibert

Licensed Embalmer No.....

4075

P.O. Address.....

K.C. 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.