U. S. No. 2
10M—5-42
Rev. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1942

Registration District No. 749

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

26385

State File No.

Registrar's No. 3199

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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: 1
3416 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 15 years

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. 3416 Paseo
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME: Gilkey, Gertrude
3. (b) If veteran, name war: No
3. (c) Social Security No. None
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: 2 Widow
6. (b) Name of husband or wife: Samuel Gilkey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: August 23 (Month) (Day) 1859 (Year)

8. AGE: Years 83 | Months 0 | Days 1 | If less than one day hr. min.

9. Birthplace: Penn (City, town, or county) 1 (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER
12. Name: Walter Beard
13. Birthplace: Penn (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name: No record
15. Birthplace: No record (City, town, or county) 9 (State or foreign country)
16. (a) Informant: J. H. Larbourne
(b) Address: 3024 Troost
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation: St Joseph Mo
18. (a) Signature of funeral director: Sleeman Funeral Home
(b) Address: St Joseph Mo.
19. (a) 8-26-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1942 hour 7:30 minute P. M.
21. I hereby certify that I attended the deceased from 1937, 19..., to Aug 24, 1942; that I last saw her alive on Aug 14, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Ch Myocarditis — Duration 3 yrs
Hypertension — 5 yrs.
Due to: GID
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: George M. Polk (M. D.)
Address: 11037 Winner Rd Indep. Mo. Date signed 8-25-42

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(Licensed Embalmer's Statement on Reverse Side)

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.....Charles M Quinn

Licensed Embalmer No.....3776

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.