

48
063

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

FILED NOV 9 1942

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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 Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-29-42-10-20-42
(Specify whether years, months or days)

In this community 20 yrs

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. 1725 Indp Blvd
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Emma Rose Gatske

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1942 hour 9 AM minute 15 A.M.

21. I hereby certify that I attended the deceased from 9/29/42 19 to 10-20/42 19

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Charles A Gatske 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased: Oct-16 1875
(Month) (Day) (Year)

that I last saw him alive on _____ 19 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 0-10 Days 16 If less than one day hr. min.

Immediate cause of death Broncho-pneumonia

Due to obscuring of the stomach

Due to 46B

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

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation at home

Major findings: Of operations _____

MOTHER FATHER

11. Industry or business _____

12. Name Andrew J. Comstock

13. Birthplace Wise 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Allen

15. Birthplace no record
(City, town, or county) (State or foreign country)

Of autopsy Co of the stomach
terminal pneumonia

16. (a) Informant Bertha Beatty

(b) Address Omaha Neb

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 23-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Nebraska City Neb

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? _____

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

(b) Address 918 Brooklyn

19. (a) 10-22-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Walter Reed (M.D. or other) _____

Address 330 Brooklyn P.O. No Date signed 10/21/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Dr. J. J. ...
Argyle - V. 5530
130 - 430

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.....

Licensed Embalmer No.....

P. O. Address.....

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.