

FILED NOV 19 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4216

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:
4209 Park Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 35 Years
(Specify whether 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. 4209 Park Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Gertrude Irene Christ
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 11 th
 year 1942 hour 11 minute 50A. M.
 21. I hereby certify that I attended the deceased from Nov 11
11 1942 to Nov 11 1942
 that I last saw h. tr. alive on Nov 11 1942
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. Fred Christ
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased September 13 1882
(Month) (Day) (Year)

Immediate cause of death apoplexy
 Duration 2 hrs

8. AGE: Years 60 Months 1 Days 28
29 If less than one day hr. min.

Due to arteriosclerosis
 Due to 820

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions no
(Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business -----
 12. Name Tobe Trimble
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Carroll
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations no
 Of autopsy no
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Fred Christ
 (b) Address 4209 Park Avenue
 17. (a) Burial (b) Date thereof Nov. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial of Liberty, Missouri
 18. (a) Signature of funeral director D. H. Newcomer, Sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 11-12-42 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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 M. M. Browe (M. D. or other)
 Address 824 Rialto Bldg Date signed 11/14/42

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

906 Grand
10-12-24

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. Virgil Herrick*
Licensed Embalmer No. *3599*
P. O. Address *J.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.