

FILED JAN 30 1943

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 252

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:
Home 927 W. 42nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 36 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. 927 W. 42nd
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Frank Gatlin

3. (b) If veteran, name war no 3. (c) Social Security No 707-07-6988

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Gatlin 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased November 6, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 8 hr. min.

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

10. Usual occupation Railroad

11. Industry or business R. R.

12. Name Geo. Gatlin

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

14. Maiden name Maney Mayberry

15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Close

(b) Address 8229 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director [Signature]

(b) Address 7406 Grand

19. (a) 1-18-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 14 year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec 19 to Jan 14, 1943, that I last saw him alive on Jan 14, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple cerebral apoplexy

Due to 9 mos. (83a) 9 mos.

Due to.....

Other conditions: Paralysis (Include preagony within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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) (c) Means of injury.....

23. Signature Dr. James J. Britten (M. D. or other) Dr.
Address 1002 Champlain Bldg. Date signed 1/14/43

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

MOTHER FATHER

JUL 24 1952

APR 18 1958

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.....

Harold Roe

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Harold Roe

Licensed Embalmer No. 2810

P. O. Address 166 W. 11th

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.