

Registration District No. 149

Primary Registration District No. 1002

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:
General Hospital No. 20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-28-42-1-8-43
(Specify whether years, months or days)

In this community 3 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. 1625 Cherry
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FLORENCE GIBSON

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. June 11 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

19 6 28 27 hr. min.

9. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Grundy Gibson

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

{ 14. Maiden name Matilda Colbert

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 1-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cemetery Clay Co. Mo

18. (a) Signature of funeral director H. B. Moore

(b) Address 1820 E. 18th - N.E. Mo.

19. (a) 1-12-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1943 hour 8:45 minute a. M.

21. I hereby certify that I attended the deceased from December 28 1942 to January 8 1943
that I last saw her alive on January 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Peritonitis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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) (Means of injury)

23. Signature P. O. Shurman (M. D. or other)
Address Clay Co. Mo #2-601 E 22 Date signed 1-11-43

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

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 Me
AB Moore, Registered Apprentice No. _____
working under my personal supervision.

Signed AB Moore
Licensed Embalmer No. 240
P. O. Address 1820 E 18th St

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.