

ED JUL 8 1943 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: K. C. General Hospital No. 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days) 30 Years

In this community _____

3. (a) PRINT FULL NAME Dervin Henry Gish

3. (b) If veteran, name war No

3. (c) Social Security No. 712-05-6639

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Ida May Gish

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased May 24 1860
(Month) (Day) (Year)

8. AGE: Years Months Days 9 If less than one day

83 0 30²⁹ hr. min.

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

10. Usual occupation Always Clerk-Retired

11. Industry or business Union Pacific R. R.

12. Name David Gish

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

14. Maiden name Unknown

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

16. (a) Informant Chas. S. Gish

(b) Address 120 So. Belmont Blvd

17. (a) Burial (Burial, cremation, or removal) Memorial Park Cemetery

(b) Date thereof June 25 1943
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director D. K. Newcome's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 6-25-43 (Date received local registrar)

(b) P. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 2414 Benton Blvd.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd
year 1943 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 22 43 to June 23 43
that I last saw him alive on June 23 43
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Fulmonary embolism

Due to _____

Due to 11/a

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

Major findings: Of operations _____

Of autopsy See above

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) (e) Means of injury _____

23. Signature Dr. P. E. Brown (M. D. or other) _____

Address Med. Dir. K. C. General Hosp. Date signed 6/24/43

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.....

Emily Colburn

Licensed Embalmer No.....

3506

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.