

FILED AUG 6 1943 149

State File No. _____
Registrar's No. 3061

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:
4019 Forest 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 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. 4019 Forest
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank B. Gilbert

3. (b) If veteran, name war none

3. (c) Social Security No. 486-26-29650

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Laura H. Gilbert

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct. 20 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation retired postal employe

11. Industry or business U. S. postal service

12. Name Joseph W. Gilbert

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

14. Maiden name Amelia Schaffer
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Laura Gilbert

(b) Address 4019 Forest

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

(c) Place: burial or cremation Blmwood Cem.

18. (a) Signature of funeral director Walter General Home

(b) Address 1901 Olathe Blvd.

19. (a) 7-12-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1943 hour 11 minute 20 PM.

21. I hereby certify that I attended the deceased from April 17 1943 to July 9 1943
that I last saw him alive on July 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal carcinoma

Duration
<u>6 mo</u>

Due to _____

Due to He

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 Harry D. Cramer (M. D. or other) _____
Address 5222 Euclid Ave Date signed 7/14/43

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

MOTHER FATHER

261

Dr. H. J. Crawford 5222

Enclaid

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..... *Wm J. Ward*

Licensed Embalmer No. *3991*

P. O. Address *309 E. 67th 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.

J.P. Mc