

FILED AUG 14 1943
Registration District No. **749**

Primary Registration District No. **1002**

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: **General Hospital**
(d) Length of stay: In hospital or institution **5 min**
In this community **1 yr.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3102 1/2 East 9 St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Gertrude Estella Yates**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Femal** 5. Color or race **White** 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 10 1942**

8. AGE: Years Months Days If less than one day
1 1 23 hr. min.

9. Birthplace **Missouri**

10. Usual occupation **none**

11. Industry or business _____

12. Name **Benjamin V. Yates**

13. Birthplace **mo.**

14. Maiden name **Julia Mae Herlder**

15. Birthplace **Mo.**

16. (a) Informant **Benjamin V. Yates**

(b) Address **3102 1/2 East 9 St.**

17. (a) **Removal** (b) Date thereof **Aug 4 1943**

(c) Place: burial or cremation **Slater Missouri**

18. (a) Signature of funeral director **Mrs C. L. Forster**

(b) Address **916 Brooklyn**

19. (a) **8-4-43** (b) **D. E. Brown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **3** year **1943** hour **9** minute **15 A** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner** to _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Whooping Cough Pulmonary Edema**
Due to _____
Due to _____
Other conditions **9**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **See Above**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
23. Signature **D. E. Brown** (M. D. or other) **8/4/43**
Address **23rd McClay** Date signed _____

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 *Reynold C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *J. C. no*

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.