

FILED DEC 22 1943  
 749  
 Registration District No.

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  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1907 Broadway  
(If not in hospital or institution, write street number or location)

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

In this community 65 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. 1907 Broadway  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. LULA M. GEHRING

3. (b) If veteran, name war XX

3. (c) Social Security No. No

4. Sex Fe 5. Color or race Wh

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

6. (b) Name of husband or wife Carl F. Gehring

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 30 1873  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>6</u>	<u>26</u>	hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Charles E. Michaux

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

14. Maiden name Margaret Renoux

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

16. (a) Informant Carl F. Gehring

(b) Address 1907 Broadway

17. (a) Burial (b) Date thereof 11-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director J. Wagner

(b) Address Kansas City, Mo.

19. (a) 11-27-43 (b) D. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26  
 year 1943 hour 5: minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 25 1943 to Nov 26 1943  
 that I last saw her alive on Nov 26 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Lobar Pneumonia

Due to \_\_\_\_\_

Due to 108

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 4 hrs

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 C. C. Council (M. D. or other) \_\_\_\_\_  
 Address 708 W 17th St. Date signed 12/7/43

HA 3767  
108 W. 17th

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**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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address. Kansas City, 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.**