

State File No.

Registrar's No.

FILED FEB 10 1944

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 22 Days
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days
(Specify whether years, months or days) 22 Days

3. (a) PRINT FULL NAME William F. Gillette

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Rose E. Gillette 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 28 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	9	24	br. min.

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

10. Usual occupation Real Estate

11. Industry or business Retired

MOTHER FATHER { 12. Name William J. Gillette
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
14. Maiden name unk Michael
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Gillette

(b) Address Herington Kansas

17. (a) Removal (b) Date thereof Jan 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parson Kansas

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

(b) Address 918 Brooklyn

19. Jan 29 1944 (b) J. B. Brown
(Date received by registrar) (Registrar's signature)

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. 1205 Linwood
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1944 hour 6 minute 37 a.m.

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

Immediate cause of death Lung Abscess
Solar Pneumonia
Due to Auto Trauma

Other conditions Deputy Coroner
(Include pregnancy within 3 months of death)

Major findings Pedestrian 176-2
Of operation 21
Of autopsy See Above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence Dec. 31 1943
(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work No (Specify type of place) (a) Means of injury Trauma

23. Signature A. E. Cooper (M.D. or other)
Address 23 Mc Kay Date signed 1/22/44

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Theresa A. Medina*.....

Licensed Embalmer No. *27237*.....

P. O. Address *P.P. 2nd*.....

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.