

FILED AUG 2 1944

State File No.

Registration District No. 149

Primary Registration District No. 1802

Registrar's No.

2966

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:  
4138 Garfield Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 20 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4138 Garfield Ave  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Mrs Gladys Pearl Aue

3. (b) If veteran, name war no 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 Bryan Aue 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased June 29 th 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 0 16 ..hr. ..min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Alfred A. Shartzler  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Bryan Aue  
(b) Address 4138 Garfield Ave

17. (a) Removal (b) Date thereof 7 & 7 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sheldon Missouri

18. (a) Signature of funeral director Eylar Funeral Home  
(b) Address 1800 Linwood Blvd

19. (a) 7-18-44 (b) H. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th  
year 1944 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Nov 1943 to July 15 1944  
that I last saw her alive on 7/13/44 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Chronic nephritis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 13  
Of autopsy

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 J. E. Ball (M. D. or other)  
Address 1102 E. 7th Date signed 7/14/44

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

Dr James Ball  
4917 College Ave  
Phone Wa 1993

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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 Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

**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.**