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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 2 1944
Registration District No. 799

Primary Registration District No. 1002

Registrar's No. 2955

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: 3221 Olive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")

(d) Street No. 5617 54th Prud'homme 339
(If rural, give location)

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

3. (a) PRINT FULL NAME GRACE ELMER GAMBLE

3. (b) If veteran, name war NO

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14
year 44 hour 10:27 minute A M.

21. I hereby certify that I attended the deceased from Erume 19...
that I last saw h... alive on ... 19...
and that death occurred on the date and hour stated above.

4. Sex FE 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Gamble 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May 31 1894
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction

Due to Chronic heart disease

Due to 92

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 50 Months 1 Days 10 hr. 10 min.

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

10. Usual occupation Housewife

11. Nature of business

12. Name William Wallace

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

14. Marital name Lucie Poffinbarger

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

16. Informant John Gamble

(b) Address 11069 E 26

17. (a) Burial (b) Date thereof 7/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Stallan

(b) Address 7657 Lindbergh

19. (a) 7-17-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy Heart and organs

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?
(Specify type of place)

While at work (Specify type of place) (c) Means of injury

23. Signature OSTER 37/17/44
Address new Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER BY FATHER

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 F.S. Walton

Licensed Embalmer No. 2744

P. O. Address 3030 Harrison

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2953

On this 5th day of August, 1944, before me appears John E Gamble, who, upon his oath, states that the original record of ^{birth} death for Grace Elmer Gamble died July 14, 1944, in the State of Missouri, and which was filed at K.C. on 7-17, 1944, should be corrected as follows:

Item No. 2 should read 5617 Prospect
Instead of 5409 Prospect

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief husband
(SEAL) Affiant John E Gamble Relationship.

1009 E 26th St.
Present Address.

Subscribed and sworn to before me this 5th day of August, 1944.

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.



23695