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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED SEP 22 1944**

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3638

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:  
In front of 1308 Pennsylvania  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none 3  
(Specify whether years, months or days)

In this community 50 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Francis Dennis GILDEA

3. (b) If veteran, name war World War

3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Rosa Belle Gildea 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 1st, 1894  
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Patrolman

11. Industry or business K.C Police Department

12. Name John M. Gildea

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

14. Maiden name Elizabeth Carroll

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

16. (a) Informant Rosa Belle Gildea, Wife,

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 9/11/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 9-8-44 (b) N. E. Brown  
(Date received local 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. 2445 Bales Avenue  
(If rural, give location)

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6 th  
year 1944 hour 2:05 minute P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
**CORONER**

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion

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

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

Other conditions (Include pregnancy within 3 months of death) 94a

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? \_\_\_\_\_  
(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 \_\_\_\_\_  
Means of injury MI

23. Signature A. E. Upsher, M.D. (M. D. or other)  
Address 23rd & McCom Date signed 9/21/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

361

(Licensed Embalmer's Statement on Reverse Side)

Gildea

SEP 22 1944

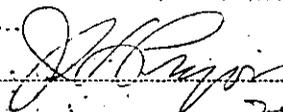
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 3989.....

P. O. Address..... / CC

**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.**