

FILED NOV 20 1944

Registration District No. **149**

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 Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Willows Hospital-2929 Main St **D**
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution **15 days 6 hrs.**
(Specify whether years, months or days)
In this community **SAME**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **47**
(c) City or town **Kansas City Mo** **3**
(If outside city or town limits, write "RURAL") **7**
(d) Street No. **2929 Main St**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **D**

3. (a) PRINT FULL NAME **Harry Gilbert**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **ba** **1**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Octy 20 1944**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			15/14	6 hr. - min.

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

10. Usual occupation **none**

11. Industry or business **X**

12. Name _____

13. Birthplace **Eva Lena Gilbert**
(City, town, or county) (State or foreign country)

14. Maiden name **Sabetha Kansas**

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

16. (a) Informant **A.U. Dysart R.N.**
(b) Address **2929 Main St**

17. (a) **Burial** (b) Date thereof **Nov 9-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **Green Lawn Funeral Home**
(b) Address **1500 Linwood**

19. (a) **11-8-44** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **4** Year **1944**
hour **8:15A** minute **M.**

21. I hereby certify that I attended the deceased from **Oct 20 1944** to **Nov 4 1944**; that I last saw him alive on **Nov 4 1944**; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to **Prothrombin (primary)**
Due to **De**

Other conditions (Include pregnancy within 3 months of death) **107**

Major findings: **None**
Of operations **None**
Of autopsy **None**

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 **H. D. Dwyer** (M. D. or other) **MD**
Address **315 Blanche Road** Date signed **1-7-44**

361

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.....

P. O. Address.....

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.