

FILED JAN 4 1945
1949

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **5153**

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:
1177 E. 77 Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 days**
(Specify whether
In this community **25 yrs**
years, months or days)

3. (a) PRINT FULL NAME **BEATRICE M. GASBORO**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **210**

4. Sex **Fe!** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband **Jack Gasboro** 6. (c) Age of husband or wife if alive **5 yrs**
7. Birth date of deceased **June 5 1908**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	36	6	12	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant **Jack Gasboro**

(b) Address **1177 E 77 Ter**

17. (a) **Burial** (b) Date thereof **12-21-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Marys Cem**

18. (a) Signature of funeral director **J. S. L...**

(b) Address **15 E...**

19. (a) **12-19-44** (b) **T. E. Burin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1177 E 77 Ter**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION 12/17/1944

20. DATE OF DEATH: Month **Dec** day **17**
year **1944** hour **11 30** minute _____ P.M.

21. I hereby certify that I attended the deceased from **May 23, 1944**, 19... to **December 17, 1944**

that I last saw her alive on **October 31, 1944**, 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Internal hemorrhage** Duration _____

Due to **Peptic ulcer**

Due to _____

Other conditions **Possible small fissure type fracture of right 7th rib.**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

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) **No external cause**

(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. S. L...** (Name of other) _____

Address **1215 Paul St** Date signed **12-19-44**

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. 14273

P. O. Address..... 150 Mo

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.