

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

FILED JAN 11 1945

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  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
General Hospital #2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-18-44-12-21-44  
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME NETTIE GILBERT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ben Gilbert

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased: June 11 1884  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>6</u>	<u>10</u>	<u>        </u> hr. <u>        </u> min.

9. Birthplace Warrensburg Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business         

12. Name Unknown

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

14. Maiden name Betty Franklin

15. Birthplace Warrensburg Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) burial (b) Date thereof 12/26/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Mathius Bros

(b) Address 1729 Lydia

19. (a) 12-26-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 902 E. 17th St. 8  
(If rural, give location)

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

If yes, name country         

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21  
year 1944 hour 8:10 minute P. M.

21. I hereby certify that I attended the deceased from December 18  
1944, to December 21, 1944,  
that I last saw her alive on December 21, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Post-operative Shock

Duration         

Due to Ventral Hernia strangulated

Due to         

Other conditions           
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 122 a'

Of autopsy         

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?          Means of injury           
(Specify name of place)

23. Signature [Signature] (M. D. or other) 0

Address Gen. Hosp. #2 600 E. 22nd Date signed 12-22-44

0-17-1007

1007

State of Michigan

**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.....

*J. Manlove*

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**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.**