

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1115

FILED FEB 6 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 278

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 2508 Perry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 4 years (Specify whether
years, months or days)

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. 2508 Perry (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ada Lee Gable
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rev. A. L. Gable 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased October 11, 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework
Self

11. Industry or business _____
MOTHER FATHER { 12. Name George Lee
13. Birthplace Marshall Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Victoria Phillips
15. Birthplace Marshall Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. A. L. Gable
(b) Address 2508 Perry

17. (a) removal (b) Date thereof 1/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn, Mo.
18. (a) Signature of funeral director Jackson Bros
(b) Address 1729 Lydia

19. (a) 1-18-45 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th
year 1945 hour 4:20 minute P. M.
21. I hereby certify that I attended the deceased from 12-20-44
to 1-13-45
that I last saw her alive on 1-13-45
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Due to Hypertensive Type Heart Disease
Due to Generalized Arteriosclerosis
Other conditions hypertension
(Include pregnancy within 3 months of death)
Major findings: No
Of operations No
Of autopsy No
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence No
(c) Where did injury occur? No
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) _____
(e) Means of injury _____
23. Signature J. S. Bell (M. D. or other) _____
Address 605 E-18th Date signed 1-18-45
K.C. Mo.

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

Hells.

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.....

Jerome 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.