S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1945

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5160

Registrar's No. 883

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:
7508 Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 Days
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. 7508 Main
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Theodore W. Gehle

3. (b) If veteran, name war No

3. (c) Social Security No. 388-09-7985

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Loretta Gehle

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased May (Month) 12 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	9	10	hr. min.

9. Birthplace Milwaukee (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Ass't. Treasurer

11. Industry or business T. W. A.

FATHER
12. Name Ernest Gehle
13. Birthplace Wisconsin (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Hoefs
15. Birthplace Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretta Gehle
(b) Address 7508 Main

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Milwaukee, Wisconsin

18. (a) Signature of funeral director Harlyn W. Roe
(b) Address Kansas City, Mo.

19. (a) 2-23-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22
year 1945 hour 9 00 minute A M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: suicide by hanging	
Due to	
Due to 164	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations History + Inspection
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:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 2-22-45
(c) Where did injury occur? 7508 Main (City or town) K.C. Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home (Specify type of place)
While at work? no (e) Means of injury Rope

23. Signature James Walker (M.D. or other) Coroner
Address 1424 Pipe Pkwy Date signed 2-22-45

(Licensed Embalmer's Statement on Reverse Side)

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 Harlyn W. Roe

Licensed Embalmer No. 2810

P. O. Address K C 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.