

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8605**
 Registrar's No. **1280**

Registration District No. **199** Primary Registration District No. **1002**

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
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 month**
(Specify whether years, months or days)
 In this community **23 years**

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. **1205 E. 43rd St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **LILLIE GUNN**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Fe.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Donald M.** 6. (c) Age of husband or wife if alive **50 years**
 7. Birth date of deceased **August 25, 1890**
(Month) (Day) (Year)

8. AGE:
 Years **54** Months **6** Days **23** If less than one day
 hr. _____ min. _____

9. Birthplace **Newton County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business **None**

MOTHER FATHER
 { 12. Name **Jim James**
 { 13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
 { 14. Maiden name **Unknown**
 { 15. Birthplace **Unknown** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Donald M. Gunn**

(b) Address **1205 E. 43rd St.**

17. (a) **Burial** (b) Date thereof **3/22/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brookings Cametery**

18. (a) Signature of funeral director **C. H. Blackman & Son,**

(b) Address **Kansas City, Mo.**

19. (a) **3-20-45** (b) **N. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **18**
 year **1945** hour **9** minute _____ P. M.
 21. I hereby certify that I attended the deceased from **Feb. 18, 1945** to **3-18-45**
 that I last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the stomach**
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy **See above**
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? _____

23. Signature **Donald E. Brown MD** (M. D. or other) _____
 Address **General Hospital #1, K.C., Mo.** Date signed **3-19-45**

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

AUG 1 1958

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

H. D. Blackman

Licensed Embalmer No.

3639

P. O. Address

R. 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.