V. S. No. 2
00M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26426

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3527

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: 4101 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 yrs.

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. ~~[illegible]~~ 4101 Prospect
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nettie Gladstone
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race Wh
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Jacob
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 10, ~~1945~~ 1883 (Month) (Day) (Year)
8. AGE: Years 62 Months 5 Days 12 If less than one day hr. min.
9. Birthplace (City, town, or county) Russia! (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Aaron Tzieps
13. Birthplace (City, town, or county) Russia! (State or foreign country)
MOTHER 14. Maiden name Bertha
15. Birthplace (City, town, or county) Russia! (State or foreign country)
16. (a) Informant Oscar Gladstone
(b) Address K.C., Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cem.
18. (a) Signature of funeral director J. Flavis Funeral Home
(b) Address K.C., Mo.
19. (a) 8-23-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1945 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 1, 1945 to Aug 22, 1945 that I last saw her alive on Aug 21, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	
Due to: Coronary occlusion	6 wks.
Due to: with infarction	1 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: 95C	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Allen Dunn (M. D. or other)
Address 4320 Prospect Blvd Date signed 8-23-45

(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 Clarence Carson, Registered Apprentice No. 389, working under my personal supervision.

Signed R. L. Lowes

Licensed Embalmer No. 3110

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.