

S. No. 2
OM-5-43
Ev. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

29665

FILED SEP 20 1945

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3690

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside the city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1331 Park /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 53 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1331 Park 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Bert L. Gambrel

3. (b) If veteran, name war. No

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced. Single 0

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if _____ years

7. Birth date of deceased April 7 1972
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>27</u>	hr. _____ min.

9. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation Gambrel Eros Cabinet Co.

11. Industry or business Pert Owner

MOTHER FATHER

12. Name Milstead Gambrel

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Emma R Gambrel

15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant George Gambrel

(b) Address 3929 Montgall

17. (a) Burial (b) Date thereof Sept 5 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood Mo.

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn

19. (a) 9-5-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1945 hour 7:30 minute 9 M.

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

Immediate cause of death Coronary sclerosis
Due to arterio-sclerosis

Due to _____
Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy see report
Harley T. Impertator

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 James Walker (M.D. or other) Walker
Address 1144 1/2 W. 11th St. J.M.W. Date signed 9-4-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8
3

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 *Constant M. Brown*

Licensed Embalmer No. *3414*

P. O. Address: *918 Brooklyn*

R. C. M. Co.

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.