

FILED OCT 8 1945

Registration District No. 197 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town IRVING CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether)

In this community 32 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town IRVING CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 2719 IRVING AVENUE
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)
If yes, name country ENGLAND

3. (a) PRINT FULL NAME MR. ALBERT GOTTRELL

(b) If veteran, name war NO

(c) Social Security No. 486-06-5903

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 23nd
year 1945 hour 5 minute 50 P M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MYRA STOLTZFUS GOTTRELL

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased APRIL 2 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 23 45 to Sept 23 45
that I last saw him alive on Sept 23 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 5 Days 24
If less than one day hr. min.

Immediate cause of death Acute Coronary Occlusion Duration 10 Years

Due to Coronary Sclerosis

Due to Arteriosclerosis

Other conditions Pneumonia 2 yrs ago

9. Birthplace SOLE OF JERSEY ENGLAND
(City, town, or county) (State or foreign country)

10. Usual occupation CABINET MAKER

Major findings: Of operations NONE

Of autopsy Same as above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business ALLS MAN CABINET COMPANY

12. Name WALTER GOTTRELL

13. Birthplace WIMBORNE ENGLAND
(City, town, or county) (State or foreign country)

14. Maiden name EMILY BETH MOYANT

15. Birthplace SOLE OF JERSEY ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS MYRA STOLTZFUS GOTTRELL

(b) Address 2719 IRVING AVENUE

17. (a) BURIAL (b) Date thereof SEPT 25 1945
(Burial, cremation, or removal) (Year)

(c) Place: burial or cremation OLATHE CEMETERY OLATHE, KANSAS

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-25-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____

While at work: _____ (Specify type of place) (c) Means of injury _____

23. Signature Carl R. Ferris (M.D. or other) _____
Address 928 Locust Blvd Date signed Sept 24 45
Kansas City Mo

934
1-5
Wagner's Body

OCT 27 1945

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 E Oscar Hostkey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.