

State File No.

FILED NOV 14 1945

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 4519

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

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:
Commonwealth Hotel
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO. (Specify whether
 In this community 43 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson, Mo.
 (c) City or town Kansas City,
 (If outside city or town limits, write "RURAL")
 (d) Street No. Commonwealth Hotel,
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Miss Eleanor Gaddis
 3. (b) If veteran, name war no.
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 31
 year 1945 hour 5:30 minute P. M.
 21. I hereby certify that I attended the deceased from 1935
 to Oct 31, 1945
 that I last saw her alive on Oct 31, 1945
 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race white
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife X
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased February 25 1880
 (Month) (Day) (Year)

Immediate cause of death
Cerebral hemorrhage
 Due to hypertension of arteries, sclerosis
 Due to
 Other conditions (include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy
 Duration acute

8. AGE: Years Months Days If less than one day
65 8 6 hr. min.

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

10. Usual occupation Advertising Manager
X

11. Industry or business X

MOTHER FATHER
 12. Name Edward E. Gaddis
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Cavan
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Lucretia Gaddis
 (b) Address Commonwealth Hotel, K. C., Mo.
 17. (a) Removal (b) Date thereof 11-3-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Baldwin, Kansas,

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C., Mo.
 19. (a) 11-2-45 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

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?
 While at work? (Specify type of place) (e) Means of injury
 23. Signature Wm. Q. Jackson (M. D. or other) Dr. M. D.
 Address K. C. Mo. Date signed

Dr. W. R. Jackson, Bryant

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.....

Licensed Embalmer No. 14 13

P. O. Address K C MD

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: