

FILED JAN 31 1946

Primary Registration District No. 1002

Registrar's No.

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:  
3010 KENSINGTON AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 80 YEARS  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS KATHERINE W. SCHWITZ GEBEL

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife OTTO JOHN SCHWITZ GEBEL 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased DECEMBER 9 1859  
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation NONE

11. Industry or business AT HOME

12. Name UNKNOWN ZIMMERMAN

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. OLGA PATTERSON

(b) Address 3010 KENSINGTON AVE

17. (a) BURIAL (b) Date thereof JAN. 7, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director W. J. ...

(b) Address 1401 ...

19. (a) 1-7-46 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 3010 KENSINGTON AVENUE 8  
(If rural, give location)  
(e) Citizen of foreign country? YES 1 (Yes or No)  
If yes, name country GERMANY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 4 ca  
year 1946 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from ... 19... to ... 19...  
that I last saw h... alive on ... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pneumonia

Due to ...

Due to ...

Other conditions ...  
(Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy ...

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 ... (M. D. or other)

Address ... Date signed 1-6-46

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

MOTHER FATHER

Duration  
Underline the cause to which death should be charged statistically.

PHYSICIAN

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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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.**