

S. No. 2
M-5-43
P. 5-17-39
I X36671

FILED APR 17 1946

Registration District No. _____ Primary Registration District No. 1002

Registrar's No. 1623

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Northeast Hosp - 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hrs
(Specify whether _____)

In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Mansfield City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 2040 Spruce ⁸
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude J. Reepes

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex Fe 1 5. Color or race w

6. (a) Single, widowed, married, divorced wid ⁷

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

7. Birth date of deceased Nov-15 1912
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 4
year 1946 hour 3 minute 40 a.m.

21. I hereby certify that I attended the deceased from April 3
_____, 1946 to April 4, 1946
that I last saw her alive on April 3, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

33	4	19	hr. min.
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Immediate cause of death Complete cardiac & respiratory failure Duration _____

Due to Surge shock

Due to Intestinal obstruction adhesions

Other conditions (Include pregnancy within 3 months of death) 12/2/45

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

10. Usual occupation Office work

11. Industry or business _____

12. Name Geo. Zuther

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

14. Maiden name Anna May Eastbrook

15. Birthplace England ⁴
(City, town, or county) (State or foreign country)

16: (a) Informant Mr. Frank Beans

(b) Address Kansas City, Kans

17. (a) Burial (b) Date thereof Apr-6-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Wm. C. P. Foster

(b) Address 918 Broadway

19. (a) 4-5-46 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Stomach bound to uterus and right ovary obstructing bowels

Of operations _____

Of autopsy _____

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 2

23. Signature Chas. L. Puring (M.-D. or other) DO.

Address 607 Chambers Bldg Date signed 4-6-46

12th and about 609 Champlain 23 Aug
Wm. 1363
3901 W. Independence

Ra. Charles Current
910. 2515

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 JOE B. Yoder
Licensed Embalmer No. 4173
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.