

FILED JUN 20 1946

Registration District No. 189 Primary Registration District No. 1002 Registrar's No. 2447

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:
300, E. 3rd, St. 13
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 32, Years _____ (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
Kansas City
 (c) City or town _____
(If outside city or town limits, write "RURAL") 3
 (d) Street No. 1729 Corrington
(If rural, give location) 8
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Herbert Layton Gibbons
 3. (b) If veteran, name war W.W.#2
 3. (c) Social Security No. 495-03-9759

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1
 year 1946 hour 12³⁰ minute a M.

4. Sex Male 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

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

7. Birth date of deceased March 15 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 32 14/10 hr. min.

Immediate cause of death Electrocution
 Due to Electric Current

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

Due to _____
 Other conditions 193-7
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer
 11. Industry or business Kansas City Cold Storage

Major findings:
 Of operations _____
 Of autopsy yes - as above

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

MOTHER FATHER {
 12. Name Unkown
 13. Birthplace Unkown
 14. Maiden name Rose Gibbons
 15. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Gibbons
 (b) Address 1729 Corrington K.C. Mo.
 17. (a) Burial (b) Date thereof 6-3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wadsworth Kns.
 18. (a) Signature of funeral director J.P. Shell
 (b) Address Kansas City Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident 123
 (b) Date of occurrence 6-1-46
 (c) Where did injury occur? 100 Jackson Ave
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place
(Specify type of place)
 While at work? yes (e) Means of injury Electrocution
 23. Signature James H. Walker (M. D. or other) 3
 Address 1424 1/2 11th Date signed 6-2-46

19. (a) 6-3-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

19143

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.....

J. P. Sheil

Licensed Embalmer No.....

3625

P. O. Address.....

K. Q. 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.