

No. 2  
5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27139**  
Registrar's No. **3635**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
**3033 Michigan Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none**  
(Specify whether  
In this community **46 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson** **18**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3033 Michigan Avenue** **8**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **George M. GILSON**  
3. (b) If veteran, name war **none** 3. (c) Social Security No. **487-01-9580**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **20**  
year **1946** hour **5** minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from **July 25**  
1945 to **Aug 20** 1946  
that I last saw him alive on **Aug 19** 1946  
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Rosa B. Gilson**  
6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **March 19 1884**  
(Month) (Day) (Year)

Immediate cause of death **Leukemia lymphatic**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **740**  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
**62 5 1** hr. \_\_\_\_\_ min.

9. Birthplace **Bagnell Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Automobile mechanic**  
11. Industry or business **Walter Root Motor Co.**

MOTHER FATHER  
12. Name **Mason E. Gilson**  
13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Floretta Savage**  
15. Birthplace **Eldon Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rosa B. Gilson**  
(b) Address **3033 Michigan, K. C., Mo.**  
17. (a) **Burial** (b) Date thereof **8-22-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Floral Hills**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Melody-McGilley-Ey**  
(b) Address **1800 E. Linwood Blvd.**  
19. (a) **8-22-46** (b) **Thalidine Holmes**  
(Date received local registrar) (Registrar's signature)

23. Signature **P. P. Miller** (M. D. or other)  
Address **1800 A. C. 31st** Date signed **8/21/46**  
(Specify type of place) (c) Means of injury **1**

Ch. A. P. Muller

1802 E. 31.

After 9:00

**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.....

P. O. Address.....

**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.