S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33544

Primary Registration District No. 1002

Registrar's No. 4458

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:
Krestwood Convelesant Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

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

(d) Street No. 3229 McGee
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME LIZZIE GIBLER

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 Widow

6. (b) Name of husband or wife A. Gibler

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased August (Month) 1 (Day) 1866 (Year)

8. AGE: Years 80 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business Home

FATHER
12. Name Donald Dyer 11
13. Birthplace England (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Frank Gibler
(b) Address Osage City, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 24, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Osage City, Kansas

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo.

19. (a) 10-24-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1946 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from August, 1946, to Oct 23, 1946; that I last saw her alive on October 23, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	hours
Due to Hypertension and arteriosclerosis	yrs.
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature G. F. Lindus M.D. (M. D. [illegible])
Address 820 Professional Bldg. Date signed 10/23/46

(Licensed Embalmer's Statement on Reverse Side) K.C. Mo.

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. Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.