

37136

State File No. \_\_\_\_\_  
 Registrar's No. **5027**

**FILED DEC 9 1946**  
 Registration District No. **109**

Primary Registration District No. **1002**

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:  
**7515 Jefferson**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **no.** \_\_\_\_\_  
(Specify whether)  
 In this community **25 years**  
years, months or days

**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. **7515 Jefferson 8**  
(If rural, give location)  
 (e) Citizen of foreign country? **no.** (Yes or No)  
 If yes, name country **X**

**3. (a) PRINT FULL NAME.** **Mrs. Murel Presbury**  
 3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**  
 4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Stanley M. Presbury** 6. (c) Age of husband or wife if alive **57** years  
 7. Birth date of deceased **December 12 1894**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **November** day **28**  
 year **1946** hour **12:20** minute **A.** M.  
**21. I hereby certify that I attended the deceased from** **12:15 A.M. Nov. 28, 1946** **to** **12:20 A.M. 11/28/1946**  
 that I last saw her alive on **Nov. 28, 1946**  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years **51** Months **11** Days **16** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Cerebral hemorrhage** Duration \_\_\_\_\_  
 Due to **Hypertensive vascular disease**  
 Due to \_\_\_\_\_

**9. Birthplace** **Indiana**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings:  
 Of operations **830**  
 Of autopsy \_\_\_\_\_

**10. Usual occupation** **housewife**

**11. Industry or business** **X**

**12. Name** **Charles Gallimore**  
**13. Birthplace** **Indiana**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Mary Jones**  
**15. Birthplace** **Indiana**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Stanley M. Presbury**  
**(b) Address** **7515 Jefferson, Kansas City, Mo.**

**17. (a) Cremation** (b) Date thereof **11-30-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Elmwood Cemetery**

**18. (a) Signature of funeral director** **Stine & McClure**  
**(b) Address** **3235 Gillham Plaza, K. C., Mo.**

**19. (a) 11-30-46** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 Means of injury **0**

**23. Signature** **Sheraldine Holmes** (M. D. or other)  
**Address** **5138 Belvidere Rd** **Date signed** **11/29/46**

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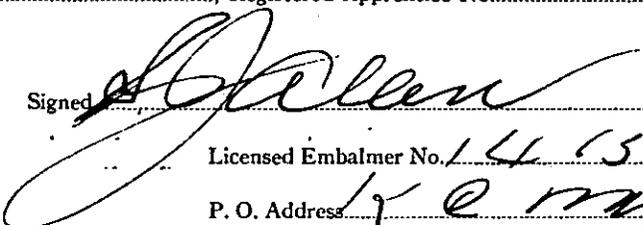
View at  
1216  
Prof. F. Blay

Dr. Claude C. Farley

**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. 14415  
P. O. Address 1401 17th St

**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.**