

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:
Osteopathic Hosp. 11th. Harrison
(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 10 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 6601 E. 15th. St. Terr.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Daisy Ann Gensler

3. (b) If veteran, name war No
 3. (c) Social Security No. 493-2-4139

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles E. Gensler
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased: June 30 1892
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>54</u> | <u>5</u> | <u>13</u> | hr. _____ min. |

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

10. Usual occupation House Wife

11. Industry or business --

MOTHER FATHER { 12. Name Thomas Wallace
 13. Birthplace Iowa
(City, town, or county) (State or foreign country)
 14. Maiden name Mary J. Burrell
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Gensler
 (b) Address 6601 E. 15th. St. Terr.
 17. (a) Burial (b) Date thereof 12/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Boonville, Mo.

18. (a) Signature of funeral director Earp & Sons
 (b) Address 4139 E. 15th. St.
 19. (a) 12-14-46 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th.
 year 1946 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from 12-11-46
 to 12-13-46
 that I last saw her alive on 12-13-46
 and that death occurred on the date and hour stated above.
 Immediate cause of death LOBAR PNEUMONIA Duration

Due to CHRONIC NEPHRITIS
WITH HYPERTENSION AND
 Due to DIABETES MELLITIS

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 61
 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?

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature Dr. L. J. Penfold (M.D. or other) DO
 Address 4748 Grand K. Ave. Date signed 12-14-46

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. *2955*

P. O. Address. *W.C. Smith*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.