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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED JAN 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40699

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5504

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:
3309 So. Benton
(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 56 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3309 So. Benton
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Kate Gibson Langsdale

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31st
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July
1946 to Dec 31, 1946

that I last saw h. ex alive on Dec 31, 1946
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Dr. John M. Langsdale

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

7. Birth date of deceased: December 10 1859
(Month) (Day) (Year)

Immediate cause of death Hypertensive pneumonia

Due to Chronic myocarditis

Due to

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

8. AGE: Years Months Days If less than one day

87 0 21 hr. min.

Major findings: 93d

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation at home

11. Industry or business X

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?

MOTHER FATHER

12. Name William Gibson

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Maupin
(City, town, or county) (State or foreign country)

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Gibson Langsdale

(b) Address 3309 So. Benton, K. C., Mo.

17. (a) burial (b) Date thereof 1-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

23. Signature Edgar C. White (M. D. or other)

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

Address 1032 Ord Bldg Date signed 12-31-46

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-31-46 (b) Geraldine Helms
(Date received local registrar) (Registrar's signature)

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

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. 1415

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.