

FILED MAR 25 1947  
199

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

Primary Registration District No. 1002

Registrar's No. 1079

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: The George H. Nettleton Home, 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks (Specify whether  
In this community 1 year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 46  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. The George H. Nettleton Home, 4 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. Gertrude J. Chamberlin

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, widowed

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

7. Birth date of deceased July 25 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 7 16 15 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER  
12. Name Edwin F. Warner  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Amelia Wygart  
15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Louise J. Parks,  
(b) Address 5125 Swopé Parkway, Kansas City, Mo

17. (a) burial (b) Date thereof 3-13-47  
(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) 3-10-47 (b) Sheraldine Holmes  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10  
year 1947 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1 21  
1946 to March 10 1947  
that I last saw her alive on March 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death uterine carcinoma + metastases Duration 2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 48%

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? \_\_\_\_\_

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

23. Signature John L Lapp (M. D. or other) MD  
Address 1214 Professional Bldg Date signed 3/10/47

*Coffin*

Dr. John G. Lepp

**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 *J. G. Lepp*

Licensed Embalmer No. *1415*

P. O. Address *15 e m*

**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.