V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13458

Registration District No. FILED APR 23 1947 197

Primary Registration District No. 1002

Registrar's No. 1584

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: Research Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 41 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. 328 East 33rd. Street 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME ROLLAND T. GEPFORD

3. (b) If veteran, name war No

3. (c) Social Security No. 486-01-6360

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marjorie Gepford

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May (Month) 4th. (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	11	2	hr. min.

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

10. Usual occupation Pressman

11. Industry or business

FATHER
12. Name William F. Gepford
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary L. Dallas
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Marjorie Gepford

(b) Address 328 East 33rd. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-47 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 4-7-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th. year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 3/31 47 to 4/6 47 that I last saw him alive on 4/5 47 and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Congestive heart failure — Duration 1 wk

Due to Myocardial infarction 2 mts

Due to Ac. Coronary Thrombosis 2 mts

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

Of autopsy As Stated above

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 J. V. Kell (M. D. or other)

Address 1122 Professional Bldg Date signed 4/7/47

(Licensed Embalmer's Statement on Reverse Side)

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 Walter K. Erwin

Licensed Embalmer No. 4352

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.