M—1/47
5-17-39

National Office of Vital Statistics

FILED OCT 21 1947

Registration District No. 749

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34476

Registrar's No. 4239

WRITE PLAINLY—USING 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: General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 1 hr. (Specify whether
In this community 12 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. 703 E. 12 St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Gladys Gill

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Aug. (Month) 1 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
38	2	3	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm Sprinkle
13. Birthplace Colo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ollie Myers
15. Birthplace Colo. (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address K.C. General Hosp. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary: K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Mo.

19. (a) 10-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 3, 1947, to Oct. 4, 1947 that I last saw her alive on Oct. 4, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary embolism (n-m-o)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy	

PHYSICIAN

Underline the cause of 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 Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 10-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Geisler

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 Blaine E. Weisel

Licensed Embalmer No. 4075

P. O. Address K.C. 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.