No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38155

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 5040

8388

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City 4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Roanoke Nursing Home, 3660 Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)
In this community: 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Leavenworth 449
(c) City or town: Leavenworth 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME: Matilda J. Gish
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Robert P. Gish
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: May (Month) 12 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
87	6	17	hr. min.

9. Birthplace: no record (City, town, or county) Mo. (State or foreign country) 9
10. Usual occupation: Housewife
11. Industry or business: At Home
FATHER
12. Name: Joshua Day
13. Birthplace: no record (City, town, or county) Va. (State or foreign country) 1
MOTHER
14. Maiden name: No record
15. Birthplace: no record (City, town, or county) no record (State or foreign country) 9
16. (a) Informant: Mrs James Stanton
(b) Address: Leavenworth, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cem.
18. (a) Signature of funeral director: Gates Funeral Home
(b) Address: Kansas City, Kansas
19. (a) 12-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Nov. day: 29
year: 1947 hour: 6 minute: 25 P.M.
21. I hereby certify that I attended the deceased from Nov. 26, 1947 to Nov. 29, 1947; that I last saw her alive on Nov. 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: Chronic Asthma and Arthritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: N.S.D.	
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: E. Weplingaard (M. D. or other)
Address: 311 Reggy Bldg K.C. Mo Date signed: Dec 1, 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Zeilinger
Argyle Bldg.
Na 4606

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 Jimmy L. Huckshorn

Licensed Embalmer No. 4092

P. O. Address Mission, Kansas

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.