

FILED DEC 26 1947 49

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 5232

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 #1  
(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 18 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. 3331-E-19th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME RONALD GILL

3. (b) If veteran name war None  
3. (c) Social Security No. 496-09-3384

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Pauline Gill  
6. (c) Age of husband or wife if alive 37 years  
7. Birth date of deceased Jan. 24 - 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 10 15 min.

9. Birthplace Ray - 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Driver

11. Industry or business Tuple Laundry Co

12. Name Richard D Gill

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

14. Maiden name Mo Reno

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

16. (a) Informant Pauline Gill

(b) Address 3331-E-19th St

17. (a) Burial (Burial, cremation, or removal) Date thereof Dec-13-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Wm C P Foster

(b) Address 918 Broadway

19. (a) 12-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th  
year 1947 hour 3 minute 47 P. M.

21. I hereby certify that I attended the deceased from Dec. 4th 1947 to Dec. 9th 1947  
that I last saw him alive on 12-9 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic lymphatic leukemia

Due to.....

Due to.....

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

Major findings: 740  
Of operations.....

Of autopsy: See above

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.....  
23. Signature Wm C P Foster (M. D. or other) M.D.  
Address General Hospital Date signed 12/9-47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

**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.....

*Robert A. Herrmann*

Licensed Embalmer No.....

*3700*

P. O. Address.....

*918 Brooklyn*

**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.