

No. 2
2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8710
Registrar's No. 1307

Registration District No. 149

Primary Registration District No. 1002

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 Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Day's
(Specify whether
In this community 10 Day's
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Partridge, ks. (b) County 999
(c) City or town Partridge (If outside city or town limits, write "RURAL") 14
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 21
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Hetty B. Gillmore
3. (b) If veteran, name war x no
3. (c) Social Security No. x none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 25
year 1948 hour 8 minute 50 A. M.

4. Sex Fem. 5. Color or race Wh.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. C. Gillmore
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 14 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 16 1948 to March 25 1948
that I last saw or alive on March 24 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 11 Days 11
If less than one day
hr. _____ min. _____

Immediate cause of death
Brain tumor right cerebellum, glioblastoma (malignant)
Duration 1 mo.

9. Birthplace Mo. (City, town, or county) (State or foreign country) 0

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 540

10. Usual occupation HOME

Major findings: Prossy of tumor, glioblastoma
Of operations _____
Of autopsy None

11. Industry or business x
12. Name Francis Welker

PHYSICIAN
Underline the cause to which death should be charged statistically.

13. Birthplace Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Unknown
15. Birthplace Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant J. C. Gillmore
(b) Address Partridge, ks.

17. (a) Removal (b) Date thereof 3-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hutchinson, ks.

18. (a) Signature of funeral director Stine & McClure
(b) Address Kansas City, Mo.

19. (a) 3-25-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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 Francis Welker (M. D. or other) MS
Address 411 Alameda Road Date signed 3-25-48

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

Wm. Jacobson
Timmons Bickel
any thing

VS MAY 27 1959

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.....

.....
Max E. Meyer..... Registered Apprentice No. 49
working under my personal supervision.

Signed *J. Blair Sheppard*.....
Licensed Embalmer No. 4179
P. O. Address *R. C. Ind.*.....

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.