. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16334

Registrar's No. 2147

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: 632 Elmwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebr. (b) County 999

(c) City or town Alliance 25
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME EDITH CLAUDIA GILLESPIE

3. (b) If veteran, name war - no

3. (c) Social Security No. none

4. Sex fe

5. Color or race white

6. (a) Single, widowed, married, divorced wid. 2

6. (b) Name of husband or wife H.B. Gillespie

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

7. Birth date of deceased April 19 (Month) 1875 (Day) (Year)

8. AGE: Years 73 Months 1 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Hannibal Mo. (City, town, or county) 6 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Flora Mizner

(b) Address 632 Elmwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C.H.Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 5-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1948 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from May 18, 1948, to May 19, 1948, that I last saw her alive on May 18, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	3 hrs.
Due to Chronic Myocarditis	10 yrs.
Due to Coronary sclerosis	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 d
Of autopsy —

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 Walter Cummins (M. D. or other) M.D.

Address 4620 Indep. Ave Date signed May 21, 1948

(Licensed Embalmer's Statement on Reverse Side)

Dr. Walter Cummins
Prof. Bldg.

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 O K McFarland

Licensed Embalmer No. 4397

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.