

y. S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19492
2716
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE 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. 1 0
(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 45 Years
years, months or days)

3. (a) PRINT FULL NAME Gertrude C. Handley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe / 5. Color or race Wh.

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

6. (b) Name of husband or wife William S.

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

7. Birth date of deceased May 23, 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 4 If less than one day
hr. min.

9. Birthplace Green County Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business At Home

12. Name David Spitzer

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

14. Maiden name "

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

16. (a) Informant C.E. Sharp

(b) Address Parkville, Mo.

17. (a) Burial (b) Date thereof June 30, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

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

(b) Address Kansas City, Mo.

19. (a) 6-30-48 (b) Gertrude Handley
(Date received local registrar) (Registrar's signature)

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. 5015 Budd Park
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1948 hour 6 minute 30 PM

21. I hereby certify that I attended the deceased from June 24, 1948, to June 27, 1948;
that I last saw her alive on June 27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident

Due to _____

Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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? _____

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date dictated 6-28-48
(Specify type of place) (e) Means of injury

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 W. D. Blackman

Licensed Embalmer No. 2639

P. O. Address A. 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.