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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26302

Registrar's No. 3486

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: Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 7-12-48 (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 415 East 43rd Street, 8
(If rural, give location) 0

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

If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Martha H. Gaiser

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

3. (c) Social Security No.: no.

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Charles Gaiser

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

7. Birth date of deceased: June (Month) 26 (Day) 1866 (Year)

8. AGE: Years 82 | Months 1 | Days 29 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: at home,

11. Industry or business: x

MOTHER FATHER

12. Name: George M. Harrison

13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name: Bower

15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. Lucille McPherson Jenkins

(b) Address: 2501 W. 63rd, Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 8-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Stine & McClure

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1948 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Jall, 1942, to Aug 25, 1948; that I last saw h. alive on Aug 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Biliary Cirrhosis	7 wks
Due to: Metastatic Carcinoma of Common Bile Duct	?
Due to: Adenocarcinoma Rt Ovary	18 Mo
Other conditions (Include pregnancy within 3 months of death): 49a	

Major findings: Of ~~operation~~ autopsy: as above; also

Of autopsy: Congenital Absence of Gall Bladder. Pancreatic Cyst.

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

23. Signature: W. Woodson, MD (M. D. or other)

Address: Kansas City, Mo Date signed 8/25/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. H. Goodson, Jr.

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 H Reef

Licensed Embalmer No. 3745

P. O. Address K.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.