

No. 2
5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36711**
Registrar's No. **4682**

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: General Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 days
(Specify whether
In this community 50 YEARS
years, months or days)

3. (a) PRINT FULL NAME MARY GELLUKEY
3. (b) If veteran, name war. No **3. (c) Social Security** No. NONE

4. Sex FEMALE **5. Color or race** WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. D. B. LUNEY **6. (c) Age of husband or wife if** alive -- years
7. Birth date of deceased AUGUST 7 1866
(Month) (Day) (Year)

8. AGE:
Years 82 Months 3 Days 6 If less than one day
hr. min.

9. Birthplace WAYNE COUNTY IOWA
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

11. Industry or business
12. Name BRONSON GOLLADAY
13. Birthplace UNKNOWN OHIO
(City, town, or county) (State or foreign country)
14. Maiden name SARAH HAYENER
15. Birthplace UNKNOWN NORTH CAROLINA
(City, town, or county) (State or foreign country)

16. (a) Informant MR. JAMES W. GOLLADAY
(b) Address 4017 CENTRAL STREET
17. (a) BURIAL **(b) Date thereof** NOV. 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. N. Newcomer, Jr.
(b) Address 1401 BRUSH CREEK BLD.
19. (a) 11-16-48 **(b) Geraldine Holmes**
(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. 1827 E 18th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November Day 13
year 1948 hour 12 minute 44 PM.
21. I hereby certify that I attended the deceased from Oct. 18 1948, to Nov. 13 1948
that I last saw her alive on Nov. 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death fractured hip- cardiac failure
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy see above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 123
(b) Date of occurrence 10-18-48
(c) Where did injury occur? K. C. Jackson, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
Wm. W. Hart no (Specify type of place) fall
While at work? (e) Means of injury
23. Signature Wm. W. Hart (M. D. or other) J. H. ...
Address Med. Dir. Gen'l Hosp. KC. Mo. signed 11-14-48

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

MOTHER FATHER

1900

Dr. H. H. H. H.

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 *John E. Praking*
Licensed Embalmer No. *4483*
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.