

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether  
In this community 25 yrs  
years, months or days)

3. (a) PRINT FULL NAME

Neva Gill

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 MARRIED  
6. (b) Name of husband or wife JAMES GILL 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased 8-17-1870  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 24 If less than one day hr. min.

9. Birthplace RICHLAND, KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name LINUS R. HECOX

13. Birthplace DONT KNOW, NEW YORK  
(City, town, or county) (State or foreign country)

14. Maiden name IDA JOHANASON

15. Birthplace DONT KNOW - SWEDEN  
(City, town, or county) (State or foreign country)

16. (a) Informant LINUS R. HECOX

(b) Address 311 NEWTON, MINNEAPOLIS MINN

17. (a) REMOVAL (b) Date thereof 12/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAWRENCE, KS

18. (a) Signature of funeral director Wm. W. Hart

(b) Address Lawrence, KS

19. (a) 12-11-48 (b) W. E. Hollen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 916 E. 12 St. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11  
year 1948 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from  
Dec. 2, 1948, to Dec. 11, 1948,  
that I last saw her alive on Dec. 11, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant lymphoma  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 552

Major findings: Of operations \_\_\_\_\_

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) Place 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? \_\_\_\_\_

Wm. W. Hart (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Wm. W. Hart (M. D. or qualified) \_\_\_\_\_  
Address Med. Dir. Gen'l Hosp. Date signed 12-11-48

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**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.....

*Mitt M. Shradshoff*

Licensed Embalmer No.....

*4382*

P. O. Address.....

*Renov City Kansas*

**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.**