S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1949

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40313

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5203

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: 625 Cottage Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community About 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 625 Cottage Lane
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gertrude Reynolds Ragulua
3. (b) If veteran, name war —
3. (c) Social Security No. no

4. Sex Fe
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 30 (Day) 1883 (Year)

8. AGE: Years 65 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Osawatomie (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Richard P. Duncan
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
14. Maiden name Julia Chitwood
15. Birthplace (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant From Birth Certificate Arthur Scott
(b) Address 625 Cottage Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 12-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1948 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from 8-4-46, 19..., to 12-20-, 1948, that I last saw her alive on 12-20-, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Sclerosis	8 mo
Due to: Hypertensive Type Heart disease	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cardiac asthma	6 yrs

Major findings:
Of operations no
Of autopsy no

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury no
23. Signature J. S. Wells (M. D.) J. S. Wells
Address 2122 E. 15th K.C. Mo. Date signed 2-21-48

(Licensed Embalmer's Statement on Reverse Side)

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 C. Kenneth Norford

Licensed Embalmer No. 4437

P. O. Address.....

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.