

## FILED APR 16 1949 STANDARD CERTIFICATE OF DEATH

State File No. ....

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BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1414

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KANSAS CITY TUBERCULOSIS HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>1107 BROOKLYN</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERMA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>GAHAGANS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 26 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Sep. DIVORCED</u>	8. DATE OF BIRTH <u>APRIL 22, 1929</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUS GIRL</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>19</u>
11. BIRTHPLACE (State or foreign country) <u>PIERCE, OKLAHOMA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>R.L. GAHAGANS</u>		13b. MOTHER'S MAIDEN NAME <u>MINERVA CLATTERBUCK</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>KANSAS CITY TUBERCULOSIS HOSPITAL</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  0027	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>JUNE 15</u> , 19 <u>48</u> , to <u>MARCH 26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>MARCH 26</u> , 19 <u>49</u> , and that death occurred at <u>6:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George K. Landis, M.D.</u> (Degree or title)		23b. ADDRESS <u>K.C. Tuberculosis Hosp.</u>	
23c. DATE SIGNED <u>3/26/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/30/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>--</u>		24d. LOCATION (City, town, or county) (State) <u>Tulsa, Okla.</u>	
DATE REC'D BY LOCAL REG. <u>3-29-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Sterling Billa</u>		ADDRESS <u>1212 Vine St.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 7 1956

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.....

Student Embalmer No. ....

working under my personal supervision.

Student !.....  
Student Embalmer

Signed

*Esthering Bells*

Licensed Embalmer No.

*3178*

P. O. Address

*1212 Vine St. (C)*

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.