

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15877

Registrar's No. 2078

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1402		Registrar's No. 2078	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY ()		c. LENGTH OF STAY (In this place) 39 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		48 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL				d. STREET ADDRESS (If rural, give location) 4500 JACKSON AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) HARRISON c. (Last) GILL			4. DATE OF DEATH (Month) (Day) (Year) MAY-9-1949				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY-5-1888		9. AGE (In years last birthday) 60 YEARS		10. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLWRIGHT & CARPENTER SWENSON CONSTRUCTION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LEWIS STATION MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME WILLIAM GILL		13b. MOTHER'S MAIDEN NAME ALPHA CHAPMAN		14. NAME OF HUSBAND OR WIFE MRS. FRANCIS OLIVE GILL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 510-07-6542		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. FRANCIS OLIVE GILL 4500 JACKSON AVE. KANSAS CITY, MO.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intermittent heart disease -</u> <u>C Congestive heart failure</u> ANTECEDENT CAUSES Morbidity 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. 4200						INTERVAL BETWEEN ONSET AND DEATH 8-10 wks
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-19, 1949, to 5-9, 1949 that I last saw the deceased alive on 6-8, 1949, and that death occurred at 6:25 a.m., from the causes and on the date stated above.							
23a. SIGNATURE J. M. Haight (Degree or title)				23b. ADDRESS 3401 E 12th St. Kc. Mo.		23c. DATE SIGNED 5-9-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) JOURNAL		24b. DATE MAY 12 1949	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
DATE REC'D BY LOCAL REG. 5-12-49		REGISTRAR'S SIGNATURE Geraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE W. Newman Jones		ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Edward M. Storey

Signed
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K.C., 4 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.