

No. 306
10.48

FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

129.33

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 196 PRIMARY REG. DIST. NO. 5570 Registrar's No. 181

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

c. LENGTH OF STAY (In this place) 4 wks

d. FULL NAME OF HOSPITAL OR INSTITUTION Fred Knau Residence RR 1, Buckner, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE KANSAS

b. COUNTY WYANDOTTE

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. STREET ADDRESS (If rural, give location) 1136 Kansas Ave.

3. NAME OF DECEASED

a. (First) Louise b. (Middle) C. c. (Last) Gilman

4. DATE OF DEATH (Month) (Day) (Year) Apr. 14, 1951

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Aug. 13, 1877 9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY self employed

11. BIRTHPLACE (State or foreign country) Reisel, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frederick W. Meier 13b. MOTHER'S MAIDEN NAME Mary Cohen 14. NAME OF HUSBAND OR WIFE Alfred Gilman, (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Fred Knau RR 1, Buckner, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia

ANTECEDENT CAUSES (b) myocardial Degeneration

(c) atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 4221

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from April 14, 1951 to April 14, 1951, that I last saw the deceased alive on April 14, 1951, and that death occurred at 5 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. W. Higgins D.D. 23b. ADDRESS Buckner Mo 23c. DATE SIGNED 4/16/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Apr. 17, 1951 24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cem. 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. Apr. 16-1951 REGISTRAR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1961

OCT 30 1961

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 *Harold E. Hoobrel*.....

Licensed Embalmer No. *4609*.....

P. O. Address *Indigeneer, A*.....

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.