

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 70421-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4723

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. LENGTH OF STAY (in this place) <u>1-DAY</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		2K48
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>3111 EAST 13TH STREET</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARILYN</u> b. (Middle) <u>SUE</u> c. (Last) <u>GERLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5-1951</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>NOV. 4-1951</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 12 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN L. GERLE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY M. HARRIMAN</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JOHN L. GERLE</u> ADDRESS <u>3111 EAST 13TH ST. KANSAS CITY, MO.</u>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Measles</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				7635

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 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 10:15 to 11:00, 1951, that I last saw the deceased alive on 11-5-51, 1951, and that death occurred at 10:15 m. from the causes and on the date stated above.

23a. SIGNATURE <u>Russell W. Kerr</u> (Degree or title)		23b. ADDRESS <u>St Joseph Hosp</u>		23c. DATE SIGNED <u>16 Nov-51</u>	
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 7-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUND CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MOUND CITY KANSAS</u>		
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DATE REC'D BY LOCAL REG. <u>11-6-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>		
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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4849

P. O. Address. K. C. 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.