

3. No. 2
—8-43
5-17-39
X37823

FILED JAN 27 1947

Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Wayne Nursing home, 716 No. 6th 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 months
(Specify whether
 In this community 10 years.
years, months or days)

3. (a) PRINT FULL NAME Ulysses Ross Gee
3. (b) If veteran, none
name war
3. (c) Social Security none
No.

4. Sex male **5. Color or race** white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Nancy Jane Gee
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased April 28, 1955
(Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 15
If less than one day
 hr. min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business Cuthbert Gee.

12. Name not stated
(City, town, or county) (State or foreign country)

13. Birthplace not stated
(City, town, or county) (State or foreign country)

14. Maiden name Sarah
(City, town, or county) (State or foreign country)

15. Birthplace not stated
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Gee 2904 Sherman
(b) Address St. Joseph Missouri

17. (a) burial **(b) Date thereof** 1-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wavannah Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Marionville Mo.
19. (a) 1-17-47 **(b) C. S. Jenkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 128 Fulkerson St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
 year 47 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 1
1947 to Jan 13 1947
 that I last saw him live on Jan. 12 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1 day
Chronic hepatitis 5 yrs
Senility 5 yrs
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations G3A
 Of autopsy _____
 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) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W. J. ...
(Specify type of place) (e) Means of injury
Address King Patrick St. Date signed 1/16/47

382

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 John W. Price
Licensed Embalmer No. 4281
P. O. Address Maryville 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.