No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31209

Registrar's No. 3825

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month, 7 days (Specify whether
In this community 1 month, 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3616 Virginia 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Warren GEE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marguerite Gee

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August (Month) 15, (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	0	20	hr. min.

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

10. Usual occupation Telephone & Light Co.

11. Industry or business Owner - Healy, Kansas

FATHER
12. Name Robert M. Gee
13. Birthplace Montgomery City, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ida Bell Corder
15. Birthplace Montgomery City, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Marguerite Gee
(b) Address 3616 Virginia, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 9-8-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
year 1947 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug. 1, 1947, to Sept 5, 1947
that I last saw him alive on 5 Sept, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma (generalized)	1 yr.
Due to	
Due to Primary Bronchogenic	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 47C	
Of autopsy As above	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. W. Gist (M. D. or other) MW

Address 800 Prox. Bld. Date signed 8 Sept 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Gist will
be in Mon. a.m.
to sign

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 Glen E. Heck

Licensed Embalmer No. 4063

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.