

1. PLACE OF DEATH:

(a) County Jackson *Blue*

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

(c) Name of hospital or institution:
1527 Harvard *1*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 60 Years (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson *41*

(c) City or town Independence *Rural*
(If outside city or town limits, write "RURAL")

(d) Street No. 1527 Harvard *7*
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. ---

3. (a) PRINT FULL NAME Charles Arthur Gee

3. (b) If veteran, name war No. 3. (c) Social Security No. 500-20-8917

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 16 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>5</u>	hr. min.

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

10. Usual occupation Retired Paint Maker

11. Industry or business Sewell Paint Co.

MOTHER FATHER

12. Name Gee

13. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Julia Argo

15. Birthplace Unknown *9*
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna M. Kuhlman

(b) Address 2448 Spruce N.C.M.

17. (a) Burial (b) Date thereof 1-24-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park N.C.M.

18. (a) Signature of funeral director Dixon L. Tappley

(b) Address Independence, Missouri

19. (a) 1-23-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1948 hour 6 minute 05 P..M.

21. I hereby certify that I attended the deceased from Sept 28, 1946 to Jan 21, 1948
that I last saw him alive on Jan 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure
Due to arteriosclerotic heart disease

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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? 0

(Specify type of place) _____
While at work? (2) Means of injury _____
23. Signature Walter P. Newton (M. D. or other) (M.D.)
Address 1408 Waldham Bldg Date signed 1/22/48

Duration Immediate
Witness for 1/21/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

48
0
0

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.....

Dale A. Oldfield....., Registered Apprentice No. *31*
working under my personal supervision.

Signed.....

Diana L. Kesley

Licensed Embalmer No. *4225*.....

P. O. Address *Independence, Missouri.*

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.