

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

1. PLACE OF DEATH:
Buchanan
(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: St. Joseph's Hospital
(If not in hospital or institution, write street number and street name)
(d) Length of stay: In hospital or institution 6 months
In this community 3 months
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Wm. Burris Gex

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Anderson Gex 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar. 7, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>66</u>	<u>2</u>	<u>24</u>	<u>hr.</u>	<u>min.</u>

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

10. Usual occupation Farmer, retired

11. Industry or business Farming

12. Name Robert B. Gex

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Burris

15. Birthplace Graham, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wayne Brown
(b) Address Skidmore, Mo.

17. (a) burial (b) Date thereof 6-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham, Mo.

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Mo.
19. (a) 6-8-48 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Mo. Nodaway 74
(a) State (b) County
(c) City or town Skidmore (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. South 7. mi. East
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 31, 1948 day
year 3 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Jan. 10 1944 to May 31 1948
that I last saw him alive on May 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
arteriosclerosis general
arterio-sclerotic heart
and kidney disease
Duration 4 1/2 yrs
Due to to my

Due to Arteriosclerosis

Other conditions 93 D
(Include pregnancy within 3 months of death)
Major findings: Of operations 93 D
Of autopsy

PHYSICIAN
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?
While at work? _____ (Specify type of place)
(e) Means of injury 0 M.D.
23. Signature E. B. Jenkins (M. D. or other)
Address St. Joseph Mo Date signed 6-1-48

SEP 1 1959

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.