

FILED JUL 19 1948

Registration District No. **149**

Primary Registration District No. **1002**

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: **Osteopathic Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **One Month** (Specify whether
In this community **One Month** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Zula Gex**

3. (b) If veteran, name war **No** 3. (c) Social Security **Unknown**

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

6. (b) Name of husband or wife **Robert E. Gex** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **July 24th, 1895**
(Month) (Day) (Year)

8. AGE: Years **52** Months **11** Days **14** If less than one day hr. min.

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

10. Usual occupation **Clerk**

11. Industry or business

12. Name **Clark Kemper**

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

14. Maiden name **Mollie Impsey**

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

16. (a) Informant **Mrs. Bess Shamklin**

(b) Address **Mountain View, Calif.**

17. (a) **Removal** (b) Date thereof **7-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Graham, Missouri**

18. (a) Signature of funeral director **Freeman Mortuary**
Kansas City, Missouri

(b) Address **7-8-48** (c) **Geraldine Holmes** (Registrar's signature)

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **999**
(c) City or town **Lawrence** (If outside city or town limits, write "RURAL")
(d) Street No. **2** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8**
year **1948** hour **5** minute **05** A.M.

21. I hereby certify that I attended the deceased from **June 6, 1948** to **July 8, 1948**
that I last saw her alive on **July 8, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocardial failure** Duration **3 hrs.**
Due to **Toxic hepatitis.**

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: **Uterine tumor 6.8-4.8 (adenomyosis) with hemorrhage** PHYSICIAN
Of operations **none** Underline the cause to which death should be charged statistically.
Of autopsy **50%**

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 **2**

23. Signature **Margaret Jones** (M.D. or other) **D.O.**
Address **3 E. 39th N.C. Mo.** Date signed **7-8-48**

MOTHER FATHER

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.....



Licensed Embalmer No. 2939

P. O. Address F. O. W.

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.