

FILED SEP 5 1940  
REGISTRATION DISTRICT NO. **599**

Primary Registration District No. **1002**

Registrar's No. **3112**

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:  
3211 Broadway 9  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 20 years years, months or days)

3. (a) PRINT FULL NAME RALPH A. GEMMET 530

3. (b) If veteran, name war No. 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Mary Gemmet 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb. 19, 1891  
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 13 hr. 28 min.

9. Birthplace Visp, Valais, Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Owner

11. Industry or business Gemmet Enameling Works

12. (a) Name of informant Glenn Louis Gemmet 4

(b) Birthplace Visp, Switzerland  
(City, town, or county) (State or foreign country)

13. (a) Informant's name Anne Marie Schaller 1

(b) Birthplace Visp, Switzerland  
(City, town, or county) (State or foreign country)

16. (c) Informant Mrs. - Mary Gemmet

(b) Address = 3211 Broadway

17. (a) Burial (b) Date thereof July 5, 1940  
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Zwick & Tabin Co.

(b) Address Kansas City, Mo.

19. (a) Aug. 4, 1940 (b) M. M. Drew  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3211 Broadway  
(If rural, give location) 25 years  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 2 year 1940  
hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
that he/she was alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Acute toxic hepatitis 12:50

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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 work)

Signature K. P. Mo (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

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

*Harold Perry*

Licensed Embalmer No.

*4099*

P. O. Address.....

**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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo  
County of Jackson ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 3112

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 26 day of February, 1943 before me appears Mrs  
Mary Gemmet who, upon her oath, states that the original record of <sup>birth</sup> death  
for Ralph A. Gemmet died 8/2, 1940, in the State of  
Missouri, and which was filed at X C on 18/4, 1940, should be corrected as follows:

- Item No. 6 should read February 19, 1891  
Instead of February 9, 1891
- Item No. 8 should read 49 yrs 5 mo. 13 days  
Instead of 49 " 5 " 23 "
- Item No. 9 should read Viep Wallig Switzerland  
Instead of " " " "
- Item No. 12 should read Aloisius Gemmet  
Instead of Louis Gemmet
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Mrs. Mary B. Gemmet Wife  
Relationship.  
3628 Wayne X C Mo  
Present Address.

Subscribed and sworn to before me this 26 day of February, 1943

My Commission expires 9/27/43 Margaret M. Brown Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-27479