

No. 2
-13-40
-17-30
I X 2

APR 15 1941

Registration District No.

Primary Registration District No. **5127**

1. PLACE OF DEATH:
 (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:
3910 Faraon St. Road
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether
 In this community 2 years
years, months or days)

3. (a) PRINT FULL NAME JOHN W. GENCH
 3. (b) If veteran, name war none
 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 Maria C. Gench
 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased June 7th 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>9</u>	<u>8</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace Unknown Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Hardware

MOTHER FATHER
 12. Name William Gench
 13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Mery (unknown)
 15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin F. Gench Sr.

(b) Address 3910 Faraon St. Rd. St. Joseph

17. (a) Removal (b) Date thereof 3-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rich Hill, Mo.

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St. Joseph Mo.

19. (a) 3/16/41 (b) H. J. Nestlebury
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 3910 Faraon St. Road
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 th. year 1941 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from Mar 9, 1941, to Mar 15th, 1941;
 that I last saw him alive on Mar 13, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobes at upper 9 da

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

Major findings: Of operations —
 Of autopsy —

Duration
 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?
45

While at work? — (Specify type of place) (e) Means of injury —

23. Signature H. J. Nestlebury (M. D. —)

Address St. Joseph Mo. Date signed 3-16-41

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

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.

Body not Embalmed.

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.