

FILED SEP 12 1941
Registration District No. 397

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson file

(b) City or town Kansas file
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
4 mos (Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME LARRY JEAN Gee

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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 March 13 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 4 20 _____ hr. _____ min.

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

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER

12. Name Arthur Gee

13. Birthplace Kansas file Mo (City, town, or county) (State or foreign country)

14. Maiden name Frances Wilson

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

16. (a) Informant Arthur Gee

(b) Address 431 So. Topping

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/41
(Month) (Day) (Year)

(c) Place: burial or cremation Glendale Hills Cem

18. (a) Signature of funeral director Leagle C. Carson

(b) Address Independence Mo

19. (a) 9/6/41 (Date received local registrar) (b) M M Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas file
(If outside city or town limits, write "RURAL")

(d) Street No. 431 So Topping
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1941 hour 8:05 minute P M.

21. I hereby certify that I attended the deceased from May 3 1941, to Aug 3 1941
that I last saw him alive on Aug 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Due to Olds cabin

Due to _____

Other conditions Congenital Heart Disease
(Include pregnancy within 3 months of death)

Major findings: 0

Of operations _____

Of autopsy 0

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 _____

23. Signature Judith Proctor (M. D. or other) G

Address 628 Ring - N. W. Date signed 8/3/41

Duration 24 hrs

24 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Get permit in
Kansas City*

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 *Charles B. B.*

Licensed Embalmer No. *2467*

P. O. Address *Independence, 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, above space should be left blank.