

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:
K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
In this community **20 yrs.** (Specify whether years, months or days)

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. **515 East 12th St.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Chew Gee

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **Aschionese** 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 **unknown**
(Month) (Day) (Year)

8. AGE: Years **70** Months Days If less than one day hr. min.

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

10. Usual occupation **none**

11. Industry or business.....

MOTHER FATHER

12. Name **Not known**
13. Birthplace **"** (City, town, or county) (State or foreign country)
14. Maiden name **"**
15. Birthplace **"** (City, town, or county) (State or foreign country)

16. (a) Informant **Carroll O. Davelson**

(b) Address **K.C. Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-22-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland Park**

18. (a) Signature of funeral director **Carroll O. Davelson**

(b) Address **K.C. Mo.**

19. (a) **1-22-43** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **19th** year **1943** hour **12** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **1-11-43** 19..... to **1-19-43** 19.....; that I last saw him alive on **1-19-43** 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture neck of left femur-accidental**
all down steps in home

Due to.....

Due to..... **1860**

Other conditions **Senility**
(Includes pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Acc 123**

(b) Date of occurrence **unknown**

(c) Where did injury occur? **K.C. Jackson Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? (Specify type of place) Means of injury **Fall**

23. Signature **Ray R. Johnson** (M. D. or other) **1-20-43**
Address **Med. Dir. K.C. Gen. Hospital** Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

Signed.....

Julius K. Powell

Licensed Embalmer No.

1168

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.