

FILED JAN 17 1946
Registration District No. **25**

Primary Registration District No. **5855**

1. PLACE OF DEATH:
(a) County **Nodaway**
(b) City or town **Barnard - rural white Cloud**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles S.W.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Indiana** (b) County **St. Joseph** **999**
(c) City or town **Wishawaka** **12**
(If outside city or town limits, write "RURAL")
(d) Street No. **no** (If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No) **2**
If yes, name country.....

3. (a) PRINT FULL NAME **Joe Anderson Gex**
3. (b) If veteran, name war **World War # 2** **3. (c) Social Security No.** **822-018188**
4. Sex **male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **divorce**
6. (b) Name of husband or wife **6. (c) Age of husband or wife if alive** **years**
7. Birth date of deceased **September 26, 1904**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **3** year **1946** hour **6** minute **PM**
21. I hereby certify that I attended the deceased from **not attended** **19** to **19**
that I last saw him alive on **not seen** **19**
and that death occurred on the date and hour stated above.

8. AGE: Years **41** Months **3** Days **7** If less than one day
hr. **min.**

Immediate cause of death: **accident**
Collision with truck on highway.
Due to: **Fracture of skull**
Due to.....

9. Birthplace **Nodaway County, Missouri** **U**
(City, town, or county) (State or foreign country)
10. Usual occupation **Credit manager**

Other conditions..... (include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
REQUISITION FOR INFORMATION REQUIRED
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. (a) Name of father **William B. Gex**
13. (a) Birthplace **Nodaway County, Missouri** (City, town, or county) (State or foreign country)
14. (a) Maiden name **Mary Anderson**
15. (a) Birthplace **Nodaway County, Missouri** (City, town, or county) (State or foreign country)
16. (a) Informant **William B. Gex**

17. (a) Address **St. Joseph, Missouri**
17. (b) Burial **1-7-1946**
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)
(c) Place: burial or cremation **Graham Cemetery**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident 74**
(b) Date of occurrence **Jan 3rd 1946**
(c) Where did injury occur? **Highway Maryville, Nodaway** (City or town) (County) (State) **Mo**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place highway
While at work? (Specify type of place) **Truck**
(e) Means of injury **collision**
23. Signature **L. E. Dean - Coroner** (M. D. or other) **MS**
Address **Maryville Mo** **Date signed** **1-4-46**

18. (a) Signature of funeral director **Wm. L. ...**
(b) Address **Maryville, Mo**
19. (a) 1-7-46 (Date received local registrar) **(b) Bess Holt** (Registrar's signature)

MOTHER FATHER
Gess Holt
Wm. L. ...

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

JAN 25 1946

OCT 9 1945

FEB 7 1943

JUL 30 1946

RECEIVED
District Health Officer No. 11;
District File Number
Date Filed

JAN 10 1946

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..... *W L Gee*

Licensed Embalmer No. 2539

P. O. Address..... *Marville*

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.

"Death"

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Buchanan ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1

On this 5-2 day of Feb, 1946, before me appears William B. Gex

who, upon his oath, states that the original record of ^{birth} death
for Joe Anderson, GEX died Jan. 3, 1946, in the State of
Missouri, and which was filed at (Madaway Co.) Maryville on 1-7, 1946, should be corrected as follows:

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. 8 should read 41 yrs. 3 mo. 7 days

Instead of 44 yrs. 3 mo. 7 days

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)

Affiant William B. Gex father
Relationship

2019 Oakland Ave St. Joseph
Present Address

Subscribed and sworn to before me this 5th day of Feb, 1946

My Commission expires March 29, 1947
Mrs Jc Cannon Notary Public

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

3501

FEB 7 1943

OCT 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb
Registrar's No. 1

Registration District No. 251

Primary Registration District No. 5-855

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Rural Jericho Cloud
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME

Joe A. Rex

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 26 (Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days _____ If less than one year, hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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 _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Duration _____
Due to Accident - Car-Truck Collision on State maintained highway.
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
ADDITIONAL SUPPLEMENTARY INFORMATION PROTESTED

Major findings: Of operations _____
Of autopsy _____
1700-8
17

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) accident
(b) Date of occurrence Jan 3rd 1946
(c) Where did injury occur? Maryville - Nodaway MO (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place on highway 71 - 13 mi. S.e.
While at work? no (Specify type of place) (e) Means of injury Car-Truck
23. Signature L E Dean - Coroner (M. D. or other) M.D.
Address Maryville MO Date signed 1-28-46

SUPPLEMENTARY

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

3501

OCT 9 1945