

No. 2
12-45
S-17-39
X47070

FILED AUG 16 1947

Registration District No.

Primary Registration District No. 1000

Registrar's No. 941

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

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:
2006 Jones Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not (Specify whether
In this community 75 years. (years, months or days)

3. (a) PRINT FULL NAME Frank Lee Gaut

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mollie Stone Gaut 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 20 1860 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Nashville Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Retired Stationary Engineer C. B. & Q. Railroad

11. Industry or business C. B. & Q. Railroad

MOTHER FATHER

12. Name George Gaut

13. Birthplace Nashville Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Nancy Dorsey

15. Birthplace Nashville Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Milton Hilpp (b) Address 2006 Jones St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Aug. 8, 1947. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoff (b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 8-9-47 (b) E. L. Jenkins (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2006 Jones Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th year 1947 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from march 17 to Aug. 6 1947 that I last saw him alive on Aug. 1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure 2 hrs. Due to chronic myocarditis 5 yrs. senility 5 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/3/47 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?

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

23. Signature Wm. J. ... (b) Address St. Joseph, Mo. (Date signed 8/14/47)

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 *Robert E. Harrington*
Licensed Embalmer No. 3258 Missouri
P. O. Address St. Joseph, 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, fact should be so stated above.