

No. 2
-12-45
-17-39
X 47070

FILED JAN 5 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1524

1. PLACE OF DEATH:

(a) County Buchanan

(b) City St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1523 Mesquite
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GILBERT M. GUNN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Mayme

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Sept 9 - 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 18
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Unknown

13. Birthplace Unknown Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Mayme Gunn

(b) Address 2502 E. 23rd St. K.C. Mo.

17. (a) Burial (b) Date thereof 12-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Wm. H. Alexander

(b) Address St. Joseph, Mo.

19. (a) 12-29-47 (b) G. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21
year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-12-1947 to 12-21-1947
that I last saw him alive on 12-21-1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to arterio-sclerosis

Due to _____

Other conditions Psychosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 430

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 G. H. Moroney (M. D. or other) _____
Address State Hospital No. 2 Date signed 12-22-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

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..... *Wm. H. Alexander*

Licensed Embalmer No. *4450*

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.