FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 22214

Registrar's No. 741

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph 4
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Littlex Nursing Home - 1213 N 10th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether)
In this community 20 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 1

(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1213 North 10th St 7
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Joseph Gambette

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: widower

6. (b) Name of husband or wife: Ollie

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

7. Birth date of deceased: Dec 15, 1864 (Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace: Locarno Switzerland (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: unknown 9
13. Birthplace: " 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: " 7
15. Birthplace: " 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Social Security Records
(b) Address: Patee Hall, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.

19. (a) 7-14-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1948 hour 2 minute A M.

21. I hereby certify that I attended the deceased from June 2, 1948 to July 1, 1948 that I last saw him alive on June 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration 4 days

Mitral Insufficiency — 5 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: B

Of autopsy: 9

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature: J R Elliott (M. D.) DWL

Address: 801½ Drouet St Joseph Mo. Date signed: 7/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Victor Ba

Licensed Embalmer No. 4212

P. O. Address ..... S. T. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.