

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

DEC 15 1939
318

Registration District No.

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH: 2

(a) County GREENE

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

(c) Name of hospital or institution: 1928 N. BENTON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 3 1/2 years, months or days 3 1/2

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County GREENE

(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")

(d) Street No. 1928 N. BENTON
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME FRANCES GENEVIEVE GATELEY

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married SINGLE

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased OCT. 2, 1915
(Month) (Day) (Year)

8. AGE: Years 24 Months 1 Days 13 If less than one day ✓ hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 15
year 1939 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from 11-15-39
and that death occurred on the date and hour stated above.

that I last saw her alive on 11-15-39, 19____

Immediate cause of death Tuberculosis
(Pulmonary & Intestinal)

Duration 7-8 mo.

Due to _____

Due to 8 3/4

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

9. Birthplace Mo. (State or foreign country)

10. Usual occupation STEAMSTRESS

11. Industry or business OBERMANS FACTORY

12. Name WILLIAM CHARLES GATELEY

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

14. Maiden name MABEL VESS

15. Birthplace LITTLE ROCK ARK. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Charles Gateley

(b) Address 1928 N. BENTON

17. (a) BURIAL (b) Date thereof NOV. 17-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROBERTSON PRAIRIE

18. (a) Signature of funeral director W. W. Williams & Co.

(b) Address SPRINGFIELD MO. 251

19. (a) 11-16-1939 (b) Chas. A. George
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
Accident, suicide, or homicide (specify) no

(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 E. Simpson M.D. (M. D. or other) 1

Address Citizen Bank Bldg. Date signed 11-16-39

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 *William Paul Rhodes*

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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, above space should be left blank.

X