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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 21000

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2617

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: General
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 20 Yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Jackson

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

(d) Street No. 1618 Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME Wm. E. Gates 320

3. (b) If veteran, name war World War

3. (c) Social Security No. unknown

4. Sex Male

5. Color or race Wh.

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

6. (b) Name of husband or wife Helen

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov. 22 (Month) 1895 (Day) (Year)

8. AGE: Years 44 Months 7 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Henry Co. (City, town, or county) Mo. (State or foreign country) U

10. Usual occupation Laborer U

11. Industry or business U

FATHER
12. Name E. Gates
13. Birthplace Henry Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary E. Gorrell
15. Birthplace Rich Hill (City, town, or county) Mo. (State or foreign country)

16. (a) Informant E. Gates
(b) Address Clinton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton Mo.

18. (a) Signature of funeral director Consalus & Peck
(b) Address Clinton Mo.

19. (a) June 28, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 27 year 1940 hour 1 minute 30 R M.

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

Deputy Coroner

Immediate cause of death Left Confluent Broncho-Pneumonia

Due to Diabetic Coma

Due to Diabetes Mellitus

Other conditions 59
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 Wallace M. Bohlen (M. D. or other)
Address K. C. Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

#5

## 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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Pinewood

**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.**