

Registration District No. 744

Primary Registration District No. 9035

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Ray  
 (b) City or town Richmond, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution? None (Specify whether  
 In this community all life  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
 (c) City or town Richmond  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 302 South College  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
 year 1941 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 1940 to April 1 1941  
 that I last saw her alive on March 28 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Advanced Arteriosclerosis Duration 5 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_

23. Signature Gull Gaine M.D. (M.D. or other) Dr. G.

Address Richmond, Mo. Date signed 7/7-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Mary Ellen Gates

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 13, 1860  
 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ray County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Burnett

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

14. Maiden name Kate Thomas

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

16. (a) Informant Farrington Gates

(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director J. H. Burnett

(b) Address Richmond, Missouri

19. (a) April 7-41 (Date received local registrar) (b) Malcolm Jackson (Registrar's signature)

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

RECEIVED  
District Health Officer No. 8,  
District File Number 4-15-47  
Date Filed

**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.....

J. B. Brothers, Registered Apprentice No. 2001  
working under my personal supervision.

**Brothers Funeral Home**  
Signed J. B. Brothers  
Licensed Embalmer No. 2001  
P. O. Address Richmond, Missouri

**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.**