

FILED MAY 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. **14659**

Registration District No. **328** Primary Registration District No. **5459** Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Brumley
 (b) City or town RFD #6 Trenton twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Brumley County Jail
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gentry
 (c) City or town RFD #6 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ROHLA GATES
 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 SINGLE
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 22 1941
 (Month) (Day) (Year)
 8. AGE: Years 53 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace unknown (City, town, or county) (State or foreign country)
 10. Usual occupation labour
 11. Industry or business Patent Office
 MOTHER FATHER {
 12. Name unknown
 13. Birthplace unknown (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Joe Gentry
 (b) Address 3rd St No RFD #6
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 - 41 (Month) (Day) (Year)
 (c) Place: burial or cremation County Cemetery
 18. (a) Signature of funeral director Raymond A. Davis
 (b) Address Trenton Missouri
 19. (a) 2-27-41 (Date received local registrar) (b) Gentry Davis (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 27 year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from June 1 1940 to Feb 28 1941 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Perforation of caecum of ileum
 Due to caecum of ileum
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations _____
 Of autopsy _____
 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 OR Rooker (M. D. or other) _____
 Address Trenton Mo Date signed 2-28-41

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clifford Oberg

..... Licensed Embalmer No. *3423*

..... P. O. Address *Prenton, 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.