

V. S. No. 2  
M-11-10-39  
Rev. 5-17-39  
I X21492

FILED JUN 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17498**

Registration District No. **156**

Primary Registration District No. **4090**

Registrar's No. **28**

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

**1. PLACE OF DEATH:**  
 (a) County Cass  
 (b) City or town Harrisonville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 703 North Independence  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
(Specify whether)  
 In this community 23 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Cass  
 (c) City or town Harrisonville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 703 N. Independence  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. 0 years.

**3. (a) PRINT FULL NAME** Mary Gatton  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 20  
 year 1941 hour 12: minute 00 A.M.  
 21. I hereby certify that I attended the deceased from Jan 1940  
 \_\_\_\_\_, 19\_\_\_\_, to May, 1941  
 that I last saw h. or alive on May 20, 1941  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced M. I  
 (b) Name of husband or wife Isaac Gatton  
 (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased: 16 (Month) 18 (Day) 1869 (Year)

Immediate cause of death Gastric Carcinoma 18 mo  
 Duration

**8. AGE:**  
 Years 72 Months 4 Days 4  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

9. Birthplace Leon Iowa  
(City, town, or county) (State or foreign country)

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death) 2 yrs

10. Usual occupation Housewife

Major findings: Chronic Myocarditis  
 Of operations \_\_\_\_\_

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Frank J. Parsons  
 13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elyza Athey  
 15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_  
 Underlines the cause to which death should be charged statistically.

16. (a) Informant Isaac Gatton  
 (b) Address Harrisonville

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 5/22/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Orient Cem.

(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? Y

18. (a) Signature of funeral director Edgemon Bros  
 (b) Address Harrisonville

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

19. (a) 5/22/41 (b) Geo. C. Welch  
(Date received local registrar) (Registrar's signature)

23. Signature Geo. C. Welch (M. D. or other) D.O.  
 Address 106 W. Pearl Date signed 5/22/41

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**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

*Floyd Atkinson*

Licensed Embalmer No. *13920*

P. O. Address *Harrisonville*

**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.**