

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34330**
Registrar's No. **950**

FILLED NOV 13 1941

Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
701 South 9th. Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 60 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan, //
(c) City or town Saint Joseph, /
(If outside city or town limits, write "RURAL")
(d) Street No. 701 South 9th. Street, 7
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joel E. Gates,

3. (b) If veteran, name was None
3. (c) Social Security No. 497-12-1960

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

6. (b) Name of husband or wife Vickie M. Gates,
6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased. February 5th, 1858
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>83</u>	<u>7</u>	<u>26</u>		

9. Birthplace Buchanan County, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant Foreman

11. Industry or business W.P.A.

12. Name Elizah Gates,

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

14. Maiden name Marla Stammer,

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

16. (a) Informant Mr. Joel E. Gates

(b) Address 701 So. 9th. Street,

17. (a) Burial (b) Date thereof. 10/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Mora Cemetery

18. (a) Signature of funeral director B. W. Tacklock
(b) Address 319 So. 10th. Street, St. Joseph

19. (a) 10-3-1941 (b) J. G. Nestlebud
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st.
year 1941 hour 5:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from Sept 29th '41
41 Oct 1st 1941
in 10 Oct 1st 1941

that I last saw h. _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____ **94a**

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

Major findings: _____
Of operations _____

Of autopsy none

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature B. W. Tacklock (M. D. or other) M. D.
Address King Hill Bldg Date signed 10/5/41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

477

85

ST. JOSEPH

NOV 10 1941

APR 9 1954

one

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 10-1-41

Registered Apprentice No. _____

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 1st St Memphis TN

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.