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5-17-39
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21548

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 20 1943
Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 7939 Garfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
(Specify whether years, months or days)

In this community 39 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 7939 Garfield
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN HENRY GATLEY

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Ma

5. Color or Wh Trace

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

6. (b) Name of husband or wife Mrs. Hattie J. Gatley

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 15 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>0</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Retired Attorney

11. Industry or business Patrick Gatley

12. Name Ireland

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

14. Maiden name Indiana
(City, town, or county) (State or foreign country)

15. Birthplace Mrs. Hattie J. Gatley
(City, town, or county) (State or foreign country)

16. (a) Informant 7939 Garfield

(b) Address Burial

17. (a) (Burial, cremation, or removal) Forest Hill

(b) Date thereof 6-12-43
(Month) (Day) (Year)

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 6/11/43 (Date received local registrar)
W. W. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1943 hour 4: minute 20 P.M.

21. I hereby certify that I attended the deceased from June 1st, 1943, to June 9, 1943
that I last saw him alive on June 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to _____

Due to _____

Other conditions H&B
(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? _____

While at work? _____ (Specify type of place)

23. Signature J.W. Wagner (M. D. or other) MD

Address 404 1/2 W 75th K.C. Mo Date signed 6/10/43

MOTHER FATHER

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

48
0

Duration

1 yr (?)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Annie G. Hodges (Licensed Embalmer's Statement on Reverse Side)

404 1/2 N. 75th St
Pa. - 0480

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 A. R. Haunschild
Licensed Embalmer No. 4159
P. O. Address Kansas City

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.