

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

NOV 6 1943

Registration District No. 187

Primary Registration District No. 5694

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Livingston
 (b) City or town. (RURAL) Chillicothe Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5 Miles South East-Chillicothe, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 70 years (Specify whether
 In this community 70 years years, months or days)

3. (a) PRINT FULL NAME Margaret Ann Gates

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Robert Gates 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased May 28 1865
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>9</u>	hr. min.

9. Birthplace West Elizabeth, Pa.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 12. Name Steven Reeves
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha McDonald
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harry Elliott(b) Address R.R. #1 Chillicothe, Missouri17. (a) Burial (b) Date thereof 10-10-'43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wheeling Cemetery18. (a) Signature of funeral director F. B. Norman Co.(b) Address Chillicothe, Missouri19. (a) Oct-10-1943 (b) Chillicothe, Mo.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
 (c) City or town. (RURAL) Chillicothe Twp.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5 Miles S. E. Chillicothe
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th.
year 1943 hour 5:00 minute A. M.21. I hereby certify that I attended the deceased from Feb. 12, 1941 to Oct. 7, 1943
that I last saw her alive on Oct 2, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Hypertension
Due to arteriosclerosisOther conditions 97
(Include pregnancy within 5 months of death)Major findings: Of operations None
Of autopsy None22. 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 H. H. H. H. (M. D. or other) Chillicothe, Mo. Date signed 10/2/43

Duration

4 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 21 1947

AUG 23 1945

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.....

..... E. R. Norman, Registered Apprentice No.....
working under my personal supervision.

Signed ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.