

Registration District No. 171

Primary Registration District No. 4265

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Napoleon  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Several years (Specify whether)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Napoleon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Elizabeth Jane Gates

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

4. Sex Female  
5. Color or race Whit.  
6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 23 1867  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business Same

12. Name Chris Bessinger

13. Birthplace Germany  
(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 Mrs. Norma Limberg  
(b) Address Napoleon, Missouri

17. (a) \_\_\_\_\_ (b) Date thereof 11/14/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arnold cemetery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Wellington, Missouri

19. (a) Dec-16-1943 (b) Mrs. W.F. Baker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12  
year 1943 hour 5.15 a.m. minute M.

21. I hereby certify that I attended the deceased from Nov 10, 1943  
to Nov 11, 1943  
that I last saw her alive on Nov 11, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Brain

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

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

Other conditions: \_\_\_\_\_  
(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)  
(e) Means of injury \_\_\_\_\_

23. Signature R. B. Watts (M. D. or other) 12/43  
Address Wellington, Mo. Date signed \_\_\_\_\_

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 8,

1 District File Number

2 Date Filed

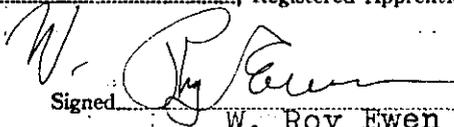
1-15-44

**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

W. Roy Ewen

Licensed Embalmer No. 4305

P. O. Address Wellington, Missouri

**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.**