

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 8 1944

Registration District No. 277

Primary Registration District No. 3052

Registrar's No. 50

1. PLACE OF DEATH

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ years, months or days

3. (a) PRINT FULL NAME Carrie Gates

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced O

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Feb 1 1944 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 4 If less than one day hr. _____ min. _____

9. Birthplace Sedalia (City, town, or county) mo O (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Raymond Gates

13. Birthplace Bunton mo O (City, town, or county) (State or foreign country)

14. Maiden name Anna Matthews

15. Birthplace Bunton O (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Gates

(b) Address 117 E. Morgan

17. (a) Burial (b) Date thereat 2-18-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunton

18. (a) Signature of funeral director J. R. Alvarado

(b) Address Sedalia, mo

19. (a) 2-8-44 (b) Mrs Anna Berger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 4
(If outside city or town limits, write "RURAL")
(d) Street No. 117 E. Morgan
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 - year 1944 hour Six 30 minute a. M.

21. I hereby certify that I attended the deceased from Feb 1 1944 to Feb 5 1944

that I last saw her alive on Feb 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary

Due to Broncho Pneumonia

Due to _____

Other conditions (Include pregnancy within 2 months of death) _____

Major findings: Of operations: 107

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: O

23. Signature A. R. Maddy (M. D. or other) MO
Address 116 E. W. Maine Date signed 2-8-44

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

70
6
4

RECEIVED
District Health Officer No. 8,
3-7-44

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 J. Pryce Alexander
Licensed Embalmer No. 4245
P. O. Address Sedalia, 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.