

FILED AUG 30 1944

Primary Registration District No. **2655**

Registrar's No. **104**

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 131 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nallas
(c) City or town Long Lane
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Henry GATES

3. (b) If veteran, name war

None

3. (c) Social Security No.

491-14-3593

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6th
year 1944 hour 2:45 minute A.M.

21. I hereby certify that I attended the deceased from March 29, 1944 to Aug 6, 1944
that I last saw him alive on August 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Due to _____
Due to _____

Duration About 16 months

Other conditions (Include pregnancy within 3 months of death) 13 R-1

Major findings: Of operations _____
Of autopsy _____

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

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 Y. J. Iyikawa (M. D. or other) Med
Address mt Vernon, MO Date signed 8-6-44

8. AGE:	Years	Months	Days	hr.	min.
	<u>62</u>	<u>8</u>	<u>4</u>		

9. Birthplace Webster County Mo. (C)
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas F. Gates

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

14. Maiden name Sarah Gason

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

16. (a) Informant Othel Mc Michael Record Clerk

(b) Address Missouri State Sanatorium mt Vernon Mo

17. (a) Burial (b) Date thereof Aug 11-44
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation State Sanatorium Gen.

18. (a) Signature of funeral director Geo B. Orr

(b) Address mt Vernon mo

19. (a) 8-10-44 (b) andy crumford
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,
District File Number 844-968

Date Filed AUG 28 1944

STATEMENT BY LICENSED EMBALMER

not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

any one

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo B Orr

Licensed Embalmer No. 946

P.O. Address 7th Vermont

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.