

S. No. 2
M-8-43
5-17-39
P-1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30386**
Registrar's No. **254**

Registration District No. **1**

Primary Registration District No. **2000**

1. PLACE OF DEATH:
(a) County **Adair**
(b) City or town **Kirksville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Community Nursing Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 yr., 7 mos.**
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Adair**
(c) City or town **Kirksville**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **D**

3. (a) PRINT FULL NAME **John Thomas Gates**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

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

7. Birth date of deceased: **Unknown**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|--------|------|----------------------|
| | 79 | | | hr. min. |

9. Birthplace: **Unknown, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Sam Gates**

13. Birthplace **Unknown**
(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 **Caltha Gates**

(b) Address **Centralia, Missouri**

17. (a) **Burial** (b) Date thereof **9/27/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Park Cemetery**

18. (c) Signature of funeral director **D. E. Riley**
Kirksville, Mo.

(b) Address _____

19. (a) **Oct 2 - 1944** (b) **Mr. J. L. Wagner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26**
year **1944** hour **4:00** minute **A:** M.

21. I hereby certify that I attended the deceased from **May 2** to **Sept 26**, 19**44**
that I last saw him alive on **Sept 25**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of left lung**

Due to _____

Due to _____

Other conditions: **13 pt**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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? _____

(e) While at work? _____ (Specify type of place) (f) Means of injury **2**

23. Signature **M. J. Guttenberg** (M. D. or other) **DO**

Address **Kirksville, Mo.** Date signed **9-26-44**

1049

RECEIVED

District Health Officer No. 10

District File Number 10-44-1720

Date Filed OCT 10 1944

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. E. Kelly

Licensed Embalmer No. 4181

P. O. Address W. K. Kettle (no)

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.