

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
St. Louis
(a) County St. Louis
(b) City or town Jefferson Barracks
(c) Name of hospital or institution: Veterans Administration Hospital
(d) Length of stay: In hospital or institution Since 9/25/45
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 14
(c) City or town Fulton
(d) Street No. 819 Walnut Street
(e) Citizen of foreign country? No

3. (a) PRINT GATHRIGHT, Harry
FULL NAME
(b) If veteran, name war World I
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 19
year 1946 hour 3:10 minute P M.

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Mary Etta Perry (Common-Law)
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased September 15 1885

21. I hereby certify that I attended the deceased from 9/25/45 to 3/19/46
that I last saw him alive on March 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE ARTERIO-SCLEROTIC HEART DISEASE
Duration UNK

8. AGE: Years Months Days If less than one day
60 6 4 hr. min.

Due to 93d

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

Due to

10. Usual occupation Horse Trainer

Other conditions LEFT HEMIPLEGIA OLD
(Include pregnancy within 3 months of death) UNK

11. Industry or business
12. Name Jack Gathright
13. Birthplace Missouri
14. Maiden name Janie Radkins
15. Birthplace Missouri

PHYSICIAN
Major findings: No Operation
Of operations
Of autopsy: No Autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Clinical Clerk Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri
17. (a) Removal (b) Date thereof 3-21-46
(c) Place: burial or cremation Jefferson City, Mo.
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) 3/21/46 (b) Registrar's signature

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (c) Manner of injury
Signature L. E. Stilwell, M.D.
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 3/19/46

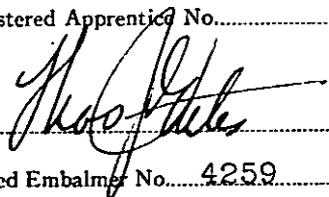
WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

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.....

..... Thomas J. Gates, Registered Apprentice No.....

working under my personal supervision.

Signed..... 

Licensed Embalmer No..... 4259

P. O. Address. 4107 Finney Ave......

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.