

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13733

State File No. \_\_\_\_\_

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
703 S Washington Ave /  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Aurora 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 703 S, Washington Ave 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lewis V Gatts

3. (b) If veteran, name war W.W.# 1

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chestnut Adams Gatts

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

7. Birth date of deceased April 30 1890  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>11</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Shoe Repairs

11. Industry or business Gatts Shoe Shop

MOTHER FATHER

12. Name T. J. Gatts

13. Birthplace ? Ind  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Amos

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

16. (a) Informant Mrs L. V. Gatts

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 4/15/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) 4-13-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1946 hour 12 minute 30P. M.

21. I hereby certify that I attended the deceased from January 1946 to April 11 1946  
(that I last saw him alive on April 15 1946 and that death occurred on the date and hour stated above.)

Immediate cause of death Coronary Arteriosclerosis

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

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

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 6

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 [Signature] (M. D. or other) O

Address Aurora, Mo. Date signed 4-15-46

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

RECEIVED

District Health Officer No. 6;

District File Number 446-442

Date Filed APR 12 1946

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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 Hermin Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.