

No. 2
4-28
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44658

FILED JAN 13 1947
Registration District No. 290

Primary Registration District No. 4427-599 3 Registrar's No. 124

1. PLACE OF DEATH:
(a) County PULASKI
(b) City or town RURAL
(c) Name of hospital or institution: PULASKI COUNTY POOL FARM
(d) Length of stay: In hospital or institution 2 years
In this community UNKNOWN

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PULASKI
(c) City or town RURAL
(d) Street No. _____
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME ELIAS H GATES
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 24 year 1946 hour _____ minute _____ M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov _____
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above

8. AGE: Years 80 Months 1 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death atherosclerosis Duration _____
Due to old age

9. Birthplace Syracuse N.Y.
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Laborer

Major findings: Of operations A
Of autopsy _____

11. Industry or business _____

12. Name UNKNOWN

13. Birthplace _____

14. Maiden name UNKNOWN

15. Birthplace _____

16. (a) Informant SOCIAL SECURITY OFFICE

(b) Address WAYNESVILLE Mo

17. (a) BURIAL (b) Date thereof 12 27 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COUNTY FARM

18. (a) Signature of funeral director Geo. J Hoops

(b) Address Rockert Mo

19. (a) 1-10-47 (b) House B. McClintock
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Natural Cause

(b) Date of occurrence Dec 22-1946

(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) Means of injury none

23. Signature Richard M. O. (M.D. of other) _____

Address Rockert Mo Date signed 12/24/46

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

MOTHER FATHER

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..... *Geo. J. Hoops*.....

Licensed Embalmer No..... *3618*.....

P. O. Address..... *Cherokee 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.