

1972

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 10 1947

Registration District No. 264

Primary Registration District No. 4-3-955891

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Rural - Ozark Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs. (Specify whether years, months or days)
In this community 10 yrs.

3. (a) PRINT FULL NAME Myrick F. 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 married
6. (b) Name of husband or wife Lilly M. Gates 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 16 1880 (Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 12 If less than one day hr. min.

9. Birthplace --- Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Pierre Gates
13. Birthplace not known (City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Jeff C. Hunter
(b) Address ---
17. (a) Burial (b) Date thereof 2-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Cushing, Okla.

18. (a) Signature of funeral director ---
(b) Address Gainesville, Mo.

19. (a) January 31, 1947 (b) Pamela Trump (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Tecumseh (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 ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29 year 1947 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from 1941 to Jan 29 1947
that I last saw him alive on Jan 27 and that death occurred on the date and hour stated above.
Immediate cause of death The people gave him Cerebral Thrombosis Duration 72 hr

Due to ---
Due to ---

Other conditions Primary Arteriosclerosis - Arterial
(Include pregnancy within 3 months of death) hypertension

Major findings: Of operations ---

Of autopsy ---

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 W. Hoerman or ---
Address Gainesville, Mo Date signed 1/30/47

(Licensed Embalmer's Statement on Reverse Side)

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

377

RECEIVED
District Health Officer No. 6;
District File Number 247-198
Date Filed FEB 6 1947

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.....

W. B. Hutcherson

Licensed Embalmer No.....

3431

P. O. Address.....

Gainesville, 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.