

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Research Hospital  
(d) Length of stay: 7 days  
In this community some

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Lafayette 54  
(c) City or town Napoleon  
(d) Street No. Rural  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME FRANK D. GATES

3. (b) If veteran, name war World War I 3. (c) Social Security No. N

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1890 years

7. Birth date of deceased May 1 1890

8. AGE: Years 57 Months 0 Days 23

9. Birthplace Napoleon MO

10. Usual occupation Farmer

11. Industry or business self

12. Name Stephen Gates

13. Birthplace German

14. Maiden name Elizabeth Bessinger

15. Birthplace unknown

16. (a) Informant Stanley Gates

(b) Address Napoleon MO

17. (a) Removal (b) Date thereof 5-24-47

(c) Place: burial or cremation Napoleon MO  
18. (a) Signature of funeral director W. Roy Egan  
(b) Address Wellington MO  
19. (a) 5-24-47 (b) Geraldine Holmes

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 24 year 1947 hour 9.40 minute 8 M.  
21. I hereby certify that I attended the deceased from 5-17 to 5-24 1947  
that I last saw him alive on 5-24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death  
Generalized Peritonitis  
Due to Gangrene of small intestine  
Due to Mesenteric Thrombosis.  
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 123  
Of autopsy As above

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?  
(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  
23. Signature H.K.B. Allbach (M. D. or other) Address R.C. MO Date signed 5-24-47

Duration 1 wk  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER, FATHER

MAY 7 1948

**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. R. Evers*

Licensed Embalmer No.....

*4305*

P. O. Address.....

*Wellington N*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2279

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Research Hospital, Kansas City, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)  
In this community 7 days

3. (a) PRINT FULL NAME Frank D. Gates

3. (b) If veteran, name war World War I 3. (c) Social Security No. NO

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Jan. 25, 1889  
(Month) (Day) (Year)

8. AGE: Years 58 Months 57 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Stephen Gates

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

14. Maiden name Elizabeth Bessinger

15. Birthplace Unknown Wis.  
(City, town, or county) (State or foreign country)

16. (a) Informant Napoleon, Missouri

(b) Address removal

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Arnold cemetery Wellington, Missouri

18. (a) Signature of funeral director Wellington, Missouri

(b) Address 524 47

19. (a) 524 47 (Date received local registrar) (b) Heraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Napoleon (Rural)  
(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 May Day 24  
year 1947 hour..... minute..... M.

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

Duration

Due to.....  
Information checked

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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..... (M. D. or other)

Address..... Date signed.....

SUPPLEMENTARY

COPYING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

17419