S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 41678

FILED JAN 13 1948

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 5541

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

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: 15 E 6th st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Do not know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 15 E 6th st 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Oscar Gatewood
3. (b) If veteran name war Do not
3. (c) Social Security No. know

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 years
7. Birth date of deceased 1882 (Month) (Day) (Year)

8. AGE: Years 65 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Do (City, town, or county) 9 (State or foreign country)
10. Usual occupation
11. Industry or business hal
FATHER
12. Name 9
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Know
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Coroner office
(b) Address K C Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton Mo
18. (a) Signature of funeral director Panaritus Bros
(b) Address K C Mo
19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day ~~28~~ 29 year 1947 hour 2 minute 45 A.M.

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

| | Duration |
|---|---|
| Immediate cause of death Coronary Sclerosis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Deputy Coroner | |
| Major findings: Of operations 93 d | |
| Of autopsy History | |

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature A. E. Usher (M. D. [illegible]) Mo
Address 2800 Main Date signed 12/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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 F.S. Walton

Licensed Embalmer No. 2744

P. O. Address KC 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.