

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

1. PLACE OF DEATH:
(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
320 W CLINTON ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years (years, months or days)

3. (a) PRINT FULL NAME MARY ELIZABETH GATES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced mar
6. (b) Name of husband or wife ELIJA GATES 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased DEC 21 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 29 If less than one day hr. _____ min. _____

9. Birthplace LONGWOOD MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES T. GORRELL
13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name MOLLY PHILLIPS
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant E Gates
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 3-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consalus C. Peck
(b) Address Clinton Mo

19. (a) 3-20-48 (b) R. B. Ramsey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County HENRY
(c) City or town CLINTON
(If outside city or town limits, write "RURAL")
(d) Street No. 320 West Clinton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20
year 1948 hour 12:00 minute 05 A. M.

21. I hereby certify that I attended the deceased from March 10, 1948 to March 20, 1948
that I last saw her alive on March 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 3 mo.
Due to Asthma 2 yrs.

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

Major findings: Of operations 112
Of autopsy _____
PHYSICIAN _____
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) _____
Means of injury _____

23. Signature James O. Smith (M. D. or other) M.D.
Address Clinton, Mo. Date signed 3-20-48

RECEIVED

District Health Officer No. 7,

District File Number 2-48-264

Date Filed 3-22-48

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 J. E. Conner

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.