

FILED MAR 12 1940

Registration District No. **368**

Primary Registration District No. **2001**

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: 1928 N. Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 3.1.0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1928 N. Benton (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WILLIAM CHARLES GATELEY

3. (b) If veteran, name was _____
3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mable Galleley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 12-1888
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 17 If less than one day _____ yr. _____ min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business Springfield Mo. Street Dept

12. Name John W. Gateley

13. Birthplace Fenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Roseanne Stokes

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable Galleley

(b) Address Springfield, Mo. 0

17. (a) Burial (b) Date thereof March 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Prairie, Springfield, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Springfield, Mo. 290

19. (a) 3/1/40 (b) Chas. A. York
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 1940 hour _____ minute 50A M.

21. I hereby certify that I attended the deceased from June 8 1929 to Feb 29 1940 that I last saw him alive on Feb 28 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 2 years?

Due to _____
Due to 34

Other conditions Diphtheria Mellitica
(Include pregnancy within 3 months of death)

Major findings: Latent syphilis

Of operations _____
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)
(a) Means of injury _____

23. Signature [Signature] (M. D. or other) P.D.
Address Springfield Date signed 3/1/40

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.....

Ogle Stone Jr.

....., Registered Apprentice No.

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working under my personal supervision.

Signed.....

Warren D. Noblett

Licensed Embalmer No.

4095

P. O. Address.....

Springfield 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, above space should be left blank.

X