

JUN 24 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19828

Registration District No. 907

Primary Registration District No. 4548

Registrar's No. 11

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town MANSEFIELD
(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) 9
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME MARY JANE GATES

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife PERRY M. GATES 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 25 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace DOUGLAS Co MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JOSEPH FREEMAN FENN.
13. Birthplace RONE CO TENN.
(City, town, or county) (State or foreign country)
14. Maiden name MARY JANE BOLT
15. Birthplace RONE CO TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Heardon
(b) Address Manfield Mo
17. (a) BURIAL (b) Date thereof MAY 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MANSEFIELD Cem.

18. (a) Signature of funeral director R. G. Sliffe
(b) Address Manfield Mo
19. (a) MAY 17, 1940 (b) J. M. D. Shart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11
year 1940 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 7 1940, to May 11 1940;
that I last saw her alive on May 11 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Interstital Nephritis 2 yrs

Other conditions (Include pregnancy within 3 months of death) 121

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?
837
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. A. Johnson (M. D. or other) 1
Address Manfield Date signed 5-12-40

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

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

RECEIVED

District Health Officer No. 6,

District File Number _____

Date Filed JUN 1 1940

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. C. Steffe

Licensed Embalmer No. 3221

P. O. Address Manfield Mo

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, above space should be left blank.