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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24077

**AUG 14 1940**  
Registration District No. 899

Primary Registration District No. 1002

Registrar's No. 2687

WRITE PLAINLY—USE 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: A.C. General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community 4 Yrs.  
years, months or days)

3. (a) PRINT FULL NAME DELIA GATTS 370  
3. (b) If veteran, name war --- 3. (c) Social Security No. No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife JOHN DOSS GATTS 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased DEC 9 1858  
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 25 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business 9

MOTHER FATHER { 12. Name ANDREW RAMSEY A  
13. Birthplace UNKNOWN  
14. Maiden name BERTHOE STRICKLAND  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN P. GATTS

(b) Address 1604 JARBOR

17. (a) Burial (b) Date thereof 7-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park  
Melody in Sully  
18. (a) Signature of funeral director M. M. Grome  
(b) Address 15 C. Ave

19. (a) July 5 1940 (b) M. M. Grome  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limit write "RURAL")  
(d) Street No. 1604 Jarboe  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th  
year 1940 hour 7 minute 40 A M.

21. I hereby certify that I attended the deceased from June 27th 1940 to July 4th 1940, 19\_\_\_\_;  
that I last saw her alive on July 4th 1940, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis  
Due to 9400  
Due to \_\_\_\_\_

Other conditions Bronchopneumonia left lower lobe  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy See 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? \_\_\_\_\_ (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 Dwight P. Shaw (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. Gen. Hospital K.C. Mo. signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**