FILED AUG 26 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26141

Registration District No. 762 Primary Registration District No. 4457 Registrar's No.

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Collins (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)

(d) Length of stay: In hospital or institution (Specify whether

In this community 5 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair

(c) City or town Collins (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.? X years.

3. (a) PRINT FULL NAME Albert Edward Gates

3. (b) If veteran, name war Indian Wars

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband ~~or wife~~ Sarah Gates

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July (Month) 2 (Day) 1854 (Year)

8. AGE: Years 86 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Horatio Gates
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Melissa Hart
15. Birthplace (City, town, or county) Connecticut (State or foreign country)

16. (a) Informant's own signature Sarah Gates

(b) Address Collins Mo

17. (a) ~~Burial~~ (~~Burial, cremation~~, or removal) (b) Date thereof July 12 1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Tecumseh ~~Robinson~~ Nebraska

18. (a) Signature of funeral director Joseph and Tevelone

(b) Address Collins Mo.

19. (a) July 10, 1940 (Date received local registrar) (b) Mrs. C. L. Lansaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Sept 11, 1937, to July 9, 1940 that I last saw him alive on July 9, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer palate	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

45

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. E. D. Brown (~~M.D.~~ or other) DO

Address Collins Mo Date signed July 9 1940

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFA[illegible] BLACK INK—MAKE [illegible] PERMANENT RECO[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importan[illegible]

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Distribution Number 8-40-1109

Date Filed 8-8-40

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Paul Firestone

Licensed Embalmer No. 3990

P. O. Address Collins, 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.