

No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28509

State File No. _____

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 232

8
4
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1308 W Maple
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 22 years (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Ira Delmont Gamet

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Mrs Lela Gamet

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Nov. 30 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Harrison Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Tracer

11. Industry or business _____

MOTHER FATHER

12. Name David Gamet

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

14. Maiden name Haney Nuttall

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

16. (a) Informant Mrs. Nettie Garner

(b) Address Spencer, Mo.

17. (a) Burial (b) Date thereof Sept 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Cross

18. (a) Signature of funeral director Wm E Sparks

(b) Address Independence, Mo.

19. (a) Sept 2 41 (b) H. L. Cook MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 648

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1308 W Maple Av.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1941 hour 1 minute 30 AM

21. I hereby certify that I attended the deceased from Aug. 28, 1935 to Sept 1, 1941; that I last saw him alive on Aug 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic bronchopneumonia Duration 10 d.

Due to Chronic nephritis Years

Due to Chronic Prostatitis Years

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

Major findings: X
Of operations _____

Of autopsy _____

PHYSICIAN 1218

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) (e) Means of injury _____

23. Signature Wm E Sparks (M.D. or other) MD

Address Independence Date signed Sept 2, 1941

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 me

..... Registered Apprentice No.

working under my personal supervision.

Signed Roland Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.