

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5341

State File No. _____

FILED MAR 16 1942

Registration District No. 397

Primary Registration District No. 1002

Registrar's No. 889

1. PLACE OF DEATH: **Jackson**
(a) County _____
(b) City or town. **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2514 Perry 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **2 Months** (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town. **K-C.** (If outside city or town limits, write "RURAL")
(d) Street No. **2514 Perry** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Vickie Buford Gates**
3. (b) If veteran, name war. **None**
3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife. **Joel E. Gates**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. **July 3 1863**
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **0**
If less than one day _____ hr. _____ min.

9. Birthplace **Ky. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **Jas. A. Ruford**
13. Birthplace **Unknown** **Ky. /**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Elizabeth**
15. Birthplace **Ky. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nellie Allen**
(b) Address **2514 Perry**

17. (a) **Removal** (b) Date thereof **3 5 42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St Joseph Mo.**

18. (a) Signature of funeral director. **Mrs C.L. Forster**
(b) Address **918 Brooklyn**

19. (a) **3/4/42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **3**
year **1942** hour **10 o'clock** minute _____ a. M.

21. I hereby certify that I attended the deceased from **Jan. 21 1942** to **March 3 1942**
that I last saw her alive on **Feb. 28 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of bladder and surrounding tissues**
Duration **About 6 mo.**

Due to _____
Due to **S & B**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? _____ (c) Means of injury _____

23. Signature **B. J. Powell** (M. D. or other)
Address **424 Angyle Bldg** Date signed **3/3-42**

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

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(Licensed Embalmer's Statement on Reverse Side)

Dr. Powell

AR 5/16

9 to 4/30

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 *Theron A. Redman*

Licensed Embalmer No. *2737*

P. O. Address *H. P. 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.