

FILED JUN 19 1942

Registration District No. 400

Primary Registration District No. 5553

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

18  
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1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson Co Hospital  
(If not in hospital or institution, write street number or location)

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

In this community 6 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 212 E Walnut  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME Robert Gage

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: May 26, 1935  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>6</u>	<u>11</u>	<u>22</u>	<u>hr. min.</u>

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Ollis W. Gage

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

14. Maiden name Fearl McDougall

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

16. (a) Informant Ollis W. Gage

(b) Address 212 E Walnut

17. (a) Burial (b) Date thereof May 23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Lawn Cem

18. (a) Signature of funeral director George Garrison

(b) Address Independence Mo

19. (a) 4-23-42 (b) D. M. Scarb  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
year 1942 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from April 24, 1942 to May 22, 1942  
that I last saw him alive on May 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilatation  
for Toxicology

Duration 1 hr.

Due to Other arrhythmia for Toxicology

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 1150

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? \_\_\_\_\_ (Specify type of place)

(Specify type of place) \_\_\_\_\_

23. Signature Clint L. Miller (M. D. or other) \_\_\_\_\_

Address Independence Mo Date signed 5/22/42

**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. *4199*

P. O. Address *Indep. ms.*

**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.**