S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 3937

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: 801 Wabash /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 42 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 801 Wabash
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs Lottie Gates

3. (b) If veteran, name war ..... 3. (c) Social Security No. None

4. Sex Female / 5. Color or race Wht 6. (a) Single, widowed, married, divorced 2 widowed

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

7. Birth date of deceased May (Month) 14 (Day) 1869 (Year)

8. AGE: Years 73 Months 5 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Nashville (City, town, or county) Ind. / (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name Samuel G. Pettiegrew
13. Birthplace ..... (City, town, or county) Va. / (State or foreign country)

MOTHER
14. Maiden name Henrietta McClarey
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Edna D. Magh
(b) Address 801 Wabash

17. (a) ~~burial~~ (Burial, cremation, or removal) (b) Date thereof 10/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation Removal Maple Hill Cem. K-C

18. (a) Signature of funeral director Simmons
(b) Address K. C. Kans.

19. (a) 10-26-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1942 hour 9 40 minute P. M.

21. I hereby certify that I attended the deceased from Oct 19th, 1942 to Oct 25th, 1942 that I last saw her alive on Oct 25th, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Brain Embolus	6 days
Due to Chronic Aortic & Mitral Insufficiency	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death) 92B	

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. Joseph Gelstrom (M. D. or other) M.D.
Address 1219 Realty Bldg Date signed 10-26-42

(Licensed Embalmer's Statement on Reverse Side)

1942-10-25
1869-5-14
73-5-11

Joe Gettlefon
Rialto Bldg

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, fact should be so stated above.