

FILED AUG 11 1945

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Louise S. Mallard Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
(c) City or town Wendyville, Mo
(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. 1 years.

3. (a) PRINT FULL NAME Fredrick Lee Gage

3. (b) If veteran, name war _____ 3. (c) Social Security No. not known

4. Sex M 5. Color or race W 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 July 3 1924
(Month) (Day) (Year)

8. AGE: Years 19 Months 17 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Ed Gage

13. Birthplace Dallas Co, Mo (City, town, or county) (State or foreign country)

14. Maiden name Ethel Chapman

15. Birthplace Dallas Co, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Geo. Alfrey
(b) Address Wendyville, Mo

17. (a) burial (b) Date thereof July 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director A. B. Donato
(b) Address 13 W. 11th St Mo

19. (a) Aug. 1-43 (b) Brace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th year 1943 hour _____ minute 12 M.

21. I hereby certify that I attended the deceased from July 14th 1943 to July 20 1943 that I last saw him alive on July 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Inf. Throat and Pneumonia

Due to _____

Due to _____

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

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury none

23. Signature R. Beage (M. D. _____)

Address Lebanon Mo Date signed 7/26/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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Received AUG 5 1943

Laclede County Health Unit

File No. 7-43-~~55~~ 102

Date Filed AUG 8 1943

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 Leonard B. Jones
Licensed Embalmer No. 2508
P. O. Address Buffalo, 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.