S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31211

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 990

1. PLACE OF DEATH:

(a) County Buchannan

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

(c) Name of hospital or institution: 206 East Lewis (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community Over 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchannan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 206 East Lew-is (If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elsie Gates

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Louis A. Gates

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

7. Birth date of deceased March (Month) 23 (Day) 1897 (Year)

8. AGE: Years 46 Months 5 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Wife

11. Industry or business None

FATHER
12. Name Willis Williams
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Golden
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Louis Gates

(b) Address 206 East Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland

18. (a) Signature of funeral director Ramsey And Son

(b) Address 1602 Messanie Street

19. (a) 9/4/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 3 day 1943 year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 30th Aug., 1943, to 3d Sept., 1943; that I last saw her alive on 3d Aug., 1943, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis	3 MO.
Due to Bilat. Parieses	7Mo
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

30 P

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) None

(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? None (e) Means of injury

23. Signature [signature] (M. D. or other)

Address St. Joseph, Mo Date signed 7 Aug 43

1,233

(Licensed Embalmer's Statement on Reverse Side)

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 J. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address 1602 Westlake

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.