

Registration District No. **1**

Primary Registration District No. **3100**

Registrar's No. **276**

**1. PLACE OF DEATH:**

(a) County Adair  
(b) City or town Kirksville Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
416 So. Bradford  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community all his life (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Adair  
(c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 416 So. Bradford  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** LOUIS ELLISON GAGES

3. (b) If veteran, name war World #1 3. (c) Social Security No. 486-12-5222

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Carmen 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased April 24 1892  
(Month) (Day) (Year)

**8. AGE:** Years 52 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation Bookkeeper

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

**MOTHER FATHER**  
12. Name Allen H. Garges  
13. Birthplace Lancaster Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary C. Fancette  
15. Birthplace Shonda Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Carmen's Sarge  
(b) Address Kirksville Mo

17. (a) Burial (b) Date thereof Oct 25 1944  
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Cemetery

18. (a) Signature of funeral director Summers  
(b) Address Kirksville Mo

19. (a) 10-29-44 (b) M. J. Weyner  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 23  
year 1944 hour 10:05 minute A M.  
21. I hereby certify that I attended the deceased from July 2  
1940 to Oct. 23 1944  
that I last saw him alive on Oct. 22 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poison Duration 3 days  
Bright's Disease 10 yrs  
(Diabetes Mellitus) 10 yrs

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

Major findings: Of operations W  
Of autopsy None  
**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 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(c) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) \_\_\_\_\_ (e) Means of injury 2

23. Signature Howard E. Goss (M. D. or other) D.O.  
Address Kirksville, Mo. Date signed 10-28-44

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

RECEIVED

District Health Officer No. 10

District File Number 11-44-1813

Date Filed NOV 7 1944

**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

*W. C. Summers*

Licensed Embalmer No.

*2159*

P. O. Address.

*Ricksville*

**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.**