

FILED FEB 7 1946
STANDARD CERTIFICATE OF DEATH

Registration District No. 149 Primary Registration District No. 1002

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 mins.
(Specify whether years, months or days) 12 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1514 Locust 8
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John A. Gates

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

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 UNKNOWN 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace (City, town, or county) PA (State or foreign country) 1

10. Usual occupation RETIRED

11. Industry or business MO. PAC. R.R.

12. Name UNKNOWN GATES

13. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 1

14. Maiden name UNKNOWN

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

16. (a) Informant JOHN GHAZIER

(b) Address R.C. MO.

17. (a) BURIAL (b) Date thereof JAN. 26, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEM.

18. (a) Signature of funeral director W. J. H. ...

(b) Address 1401 S. ...

19. (a) 1-26-46 (b) Gerardine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 23, 1946 to 1-23, 1946
that I last saw him alive on 1-23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Possible coronary occlusion

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations _____
Of autopsy None

Duration _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Clark W. ... (Date signed) 1-26-46
Address Med. Dir. Gen'l Hosp

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

MOTHER FATHER

Dr. Ruffe

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 *Melvin Miller*.....

Licensed Embalmer No. *4407*.....

P. O. Address *K.C. 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.