

S. No. 2
M-8-43
5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **9414**
Registrar's No. **1312**

FILED APR 2 1946
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **1909 E 24 st 1**
(d) Length of stay: In hospital or institution. **14 years**
In this community **14 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **1909 E 24 st**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Ben Gates**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **16** day **mar.**
year **1946** hour _____ minute _____ M.

4. Sex **Male** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Unknown**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 1881**

21. I hereby certify that I attended the deceased from **2 3/11/46** to **3/16/46**
that I last saw him/her alive on **3/13/46**
and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death **Cerebral Hemorrhage** Duration **1 mo**

9. Birthplace **Unknown**
10. Usual occupation **Hotel Work**

Due to _____
Due to **830**

11. Industry or business _____
12. Name **Unknown**
13. Birthplace **Unknown**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

Other conditions **R. Hemiplegia**
Major findings: Of operations **no**
Of autopsy **✓**

16. (a) Informant **Fannie Beaman**
(b) Address **1909 E 24 st**
17. (a) **Burial** (b) Date thereof **3-19-46**
(c) Place: burial or cremation **Lincoln Cem**
18. (a) Signature of funeral director **H B Moore**
(b) Address **1820 E 14 st**
19. (a) **3-18-46** (b) **Geraldine Holmes**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (e) Means of injury _____
23. Signature **M. Caldwell** (M. D. or other) _____
Address **2131 E 24th** Date signed **3/16/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
8340

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 AB Moore

Licensed Embalmer No. 2410

P. O. Address. 1820 E 18th

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.