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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28449

State File No. _____
Registrar's No. 73

Registration District No. 243

Primary Registration District No. 3047

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution:
SALE MEMORIAL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)

years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73

(c) City or town NEOSHO 3
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FRED DOUGLAS GAGE

3. (b) If veteran, name war NONE

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race BLACK

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased AUGUST 7 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 7
year 1947 hour 3:26 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 2, 1947
to Aug 5, 1947
that I last saw him alive on Aug 2, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death _____

Due to Intestinal Obstruction 2 wks

Due to Peritonitis 2 wks

Due to Ruptured appendix 2 wks

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

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

10. Usual occupation LABORER

11. Industry or business ROCK MASON

12. Name ISSAC GAGE

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

14. Maiden name MARY E. LANDRETH

15. Birthplace BENTONVILLE ARKANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley Gage
(b) Address Neosho Mo

17. (a) Burial (b) Date thereof 8-8-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem

18. (a) Signature of funeral director Wesley Thompson
(b) Address Neosho Mo

19. (a) Aug 16, 1947 (b) Melvin C. Bowman
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy 121

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 Shirley Gage (M. D. or other) _____
Address Neosho Mo Date signed Aug 16 1947

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

MOTHER FATHER

RECEIVED

District Health Officer Not Newton

District File Number 847-168

Date Filed 6-19-47

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 Booley Thompson

Licensed Embalmer No. 3259

P. O. Address Neesho 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.