S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 21 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34469

Registrar's No. 4256

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: 2012 East 82nd. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 6 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.: 2012 East 82nd. Terrace 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: JAMES F. GATEWOOD
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Mrs. Cora E. Gatewood
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: September (Month) 28th. (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	0	9	..... hr. ..... min.

9. Birthplace: Sharpsburg (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation: Retired
11. Industry or business: Farmer
FATHER
12. Name: Jasper Gatewood 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Edna Lee
(b) Address: 8211 Cherry Street
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10 - 9 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Sedalia, Missouri
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. St. Kansas City
19. (a) 10-9-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th. year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Sept. 30, 1947 to Oct. 7, 1947 that I last saw him alive on Oct. 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fractured left hip	8 days
Due to: Senility	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: — 1800	
Of autopsy: —	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Fall in Home
(b) Date of occurrence: Sept 30, 1947 1013
(c) Where did injury occur? K.C. (City or town) Jackson (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury: Fall 0
23. Signature: [illegible] (M. D. or other)
Address: 75th & Troost K.C. Mo Date signed: 10-8-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. H. P. Lyddon, Jr.
7344 Lydia
around 6 o'clock

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

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.