

No. 2
12-45
17-39
X47070

FILED DEC 4 1947

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 211 E. Johnson 1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Gatewood

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susan Gatewood 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 7 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name John Gatewood

13. Birthplace Howard County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Gladys Gatewood

(b) Address 601 N. Hamling St. - Sedalia, Mo.

17. (a) Burial (b) Date thereof 11-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crownhill Annex - Sedalia, Mo.

18. (a) Signature of funeral director Price Alexander
(b) Address 400 W. Center St. - Sedalia, Mo.

19. (a) 11-23-47 (b) Betty Yeager
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 211 E. Johnson, St. 4
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - day 21st
year 1947 hour _____ minute 12¹⁰ P.M.

21. I hereby certify that I attended the deceased from Nov 10 - 1947 to Nov 21st, 1947
that I last saw him alive on Nov 21st, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration _____
(uramic)

Due to Prostatic stricture

Due to _____

Other conditions Supra Pubic operation
(Include pregnancy within months of death)
at Ravensway clinic

Major findings: _____
Of operations 83A
Of autopsy _____

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 G. R. Maddox (M. D. or other) MD.
Address 116 1/2 W. Main Date signed 11-23-47
Sedalia, Mo.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-3-47

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 _____

Licensed Embalmer No. 42445

P. O. Address Sedalia, 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.