S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 1 1948

Registration District No. 1408

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Dr. Focht

State File No. 8154

Primary Registration District No. 5463

Registrar's No. 241

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural Jackson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route # 1 Strefford, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Rural Jackson Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 1 Strafford, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret A. Gates
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
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 Feb. (Month) 10 (Day) 1878 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 1 | 9 | hr. min. |

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Jake Gates
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Unknown
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Alma Mills
(b) Address Route # 1 Strefford, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 3-25-48 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1948 hour 2 minute 45p. M.
21. I hereby certify that I attended the deceased from Unattended by physician 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death probably chronic myocardatis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W.E. Handley local registrar (M. D. ~~or other~~)
Address Springfield Mo Date signed 3/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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. XXXXXXXXXXXXXXXXXX,

working under my personal supervision.

Signed Roy H. Mercer Jr.

Licensed Embalmer No. 4432

P. O. Address Springfield, 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.**