

300
47
39
3908

FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33267

Registration District No. 156

Primary Registration District No. 200

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1531 Indiana Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of Life (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1531 Indiana Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Judd GATES

3. (b) If veteran, name war _____
3. (c) Social Security No. 495-07-1696

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 21st. 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 10 11 _____ hr. _____ min.

9. Birthplace Webb City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____

MOTHER FATHER { 12. Name Charles W. Gates
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Tedlow
15. Birthplace Salem Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Gates
(b) Address 1531 Indiana Ave. Joplin, Mo

17. (a) Burial (b) Date thereof Nov. 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery Thornhill-Dillon

18. (a) Signature of funeral director _____
(b) Address 305 West 4th St. Joplin, Mo.

19. (a) 11-5-48 (b) Ed. James
(Date received local registrar's certificate) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd.
year 1948 hour 6:10 minute A. M.
21. I hereby certify that I attended the deceased from Oct 14
1948, to Nov 2, 1948;
that I last saw him alive on November 2, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Silico Tuberculosis Duration 10 yrs

Due to _____
Due to _____

Other conditions Pulmonary Emphysema
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy HPO

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)
Means of injury 0

23. Signature J. D. Douglass (M. D. or other) MD
11-4-48 Date signed 11-4-48
11-5-48 Ed. James Joplin, Mo.

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

48-11-909

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

E. J. Murphy
.....
Licensed Embalmer No. *3566*

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.