

FILED DEC 6 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1039

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1925 N. Benton
(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) 5 Days

3. (a) PRINT FULL NAME John Allen Gately

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

4. Sex Male 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 November 21 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 5 hr. min.

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

10. Usual occupation Infant

11. Industry or business Infant

12. Name Paul Gately

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

14. Maiden name Loeta McClarey

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

16. (a) Informant Paul Gately (Father)

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 11-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robberson Prairie

18. (a) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield, Missouri

19. (a) 11-29-48 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1925 N. Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1948 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11-21, 1948, to 11-26, 1948
that I last saw him alive on 11-24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden death
Cause not known

Due to (Suspected as normal infant in hospital for 6 hours)
Due to seen before death

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 200
Of autopsy not granted

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

23. Signature Luby Busch (M. D. or other) _____
Address Springfield Mo Date signed 11-27-48

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

2
43
39
17823

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 *May Rhodes*

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.