

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11822

State File No.

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution? None (Specify whether
In this community all life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 302 South College
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Mary Ellen Gates

3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased December 13, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 19 hr. min.

9. Birthplace Ray County md
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Burnett

13. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

14. Maiden name Kate Thomas

15. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

16. (a) Informant Terrestine Gates

(b) Address Richmond, Mo

17. (a) Burial (b) Date thereof April 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director J. H. Burnett

(b) Address Richmond, Missouri

19. (a) April 7-41 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1941 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 1940 to April 1, 1941; that I last saw her alive on March 28, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Advanced Arteriosclerosis 5 yrs.

Due to
Due to AM
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 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? 965

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

23. Signature Gull Gaine M.D. (M.D. or other) MD
Address Richmond, Mo. Date signed 7/7-41

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number 4-15-41
Date Filed

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.....

.....
working under my personal supervision.

J. B. Brothers, Registered Apprentice No. 2001

Brothers Funeral Home

Signed.....

J. B. Brothers
Licensed Embalmer No. 2001

P. O. Address..... Richmond, Missouri

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.