

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

1. PLACE OF DEATH

(a) County Ray
(b) City or town Elmira
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: B
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray
(c) City or town Elmira
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALANZO M GATES

3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-67-0424

4. Sex M 5. Color or race W 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 Nov 3 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business _____

12. Name Simon Gates

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

14. Maiden name Jennie Panto

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

16. (a) Informant Mrs Ollie Gates

(b) Address Marceline Mo

17. (a) Removal (b) Date thereof Dec 13 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marceline Mo

18. (a) Signature of funeral director Jerman P. Richard

(b) Address Laura Mo

19. (a) Dec 11 1948 (b) Mrs Raymond Hoge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day December
year 1948 hour 11 minute 2 M.

21. I hereby certify that I attended the deceased from _____, 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 Sun Shot Wounds Duration _____

Due to _____

Due to _____

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 Dec 10 1948

(c) Where did injury occur? Elmira Ray Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature John F Baber (M.D. or other)

Address Richmond Mo Date signed 12/14/48

RECEIVED

District Health Officer, No. 8,

District File Number

Date Filed 12-17-48

5761 02 83
1948

APR 22 1949

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 Robert E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs

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.