FILED AUG 9 1940

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25232

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 629

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

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: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 20 Min. (Specify whether years, months or days)
In this community Life time.

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. 900 Prospect (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Harvey Cates 320
3. (b) If veteran, name war No 500-10-0680
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lela Cates
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Jan 8, 1908 (Month) (Day) (Year)

8. AGE: Years 32 ✓ Months 6 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Springfield, Mo. (City, town, or county) O (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business
12. Name William Robt. Cates (FATHER)
13. Birthplace ~~Missouri~~ Unknown Mo (City, town, or county) (State or foreign country)
14. Maiden name Cora Laura Ford (MOTHER)
15. Birthplace Strafford, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Lela Cates
(b) Address 900 Prospect, Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Danforth Cemetery
18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W. Walnut, Springfield, Mo.
19. (a) 8-31-40 (Date received local registrar) (b) W. E. Hardley M.D. (Registrar's signature) 984 (Registrar's signature) 101

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1940 hour 10 minute 10 P. M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him alive on July 28, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Crushing Injury of the Chest — Duration
Due to: Car overturned
Due to: non collision
Other conditions (Include pregnancy within 3 months of death): 210 5 2
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) Accident
(b) Date of occurrence July 27 1940
(c) Where did injury occur? Greene Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Highway 13 About 8 miles N.W. of Springfield (Specify type of place)
While at work? no (e) Means of injury overturned car

23. Signature R. Mel White (M. D. or other) Address Coroner Greene County Date signed 7/29/40

(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.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.