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

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina, (Rural) Myrtle Top
(c) Name of hospital or institution: State Highway # 6.
(d) Length of stay: In hospital or institution 3

3. (a) PRINT FULL NAME Shirkey Hilda Tate

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

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

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

7. Birth date of deceased April 3 1928. (Month) (Day) (Year)

8. AGE: Years 12 Months 8 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name James H. Tate.

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

14. Maiden name Kathryn McKnight

15. Birthplace Grand Island Nebr. (City, town, or county) (State or foreign country)

16. (a) Informant T.S. Tate

(b) Address Ashenda St

17. (a) byrial. (b) Date thereof 12-13-40. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmer Mo.

18. (a) Signature of funeral director Ruth Hudson

(b) Address Edina Mo.

19. (a) Dec 18 1940 (b) Mrs. C.M. Smith (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Elmer, Mo.
(d) Street No.
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th year 1940 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from December 11th 1940 to December 11th 1940; that I last saw her alive on December 11th 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Automobile accident

Due to Shock & hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Automobile Accident

(b) Date of occurrence December 11, 1940.

(c) Where did injury occur? Myrtle Top, Knox Co. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Highway #6 Mo.

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

23. Signature G. Phillips (M. D. or other) 103

Address Edina, Mo. Date signed 12-11-40

210 W
98

RECEIVED

District Health Officer No. 10

District File Number 1-41-112

Date Filed JAN 13 1944

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 Keith Anderson

Licensed Embalmer No. 2415

P. O. Address Edina 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 42984

Registration District No. 444

Primary Registration District No. 5603

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Knover
(b) City or town Myrtle T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(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)

3. (a) PRINT FULL NAME Shirley Hilda Tate

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

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 12 Months 8 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Auto accident
Shock + Hemorrhage

Due to Auto accident in collision

Due to with another auto
on No. 8 H. #6

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) auto acc

(b) Date of occurrence Dec 11 1940

(c) Where did injury occur? Myrtle T.P. Knover Co. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hwy H. 6

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

23. Signature E. Phillips (or other) DO

Address Myrtle City Mo Date signed 2/20/41

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-42984