

No. 2
-13-40
-17-39
X23159

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1225
Registrar's No. 185

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH, Jackson

(a) County, Kansas City

(b) City or town, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution, 4058 Baltimore

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution, 25 years

In this community, 25 years

(Specify whether years, months or days)

3. (a) PRINT FULL NAME, Andrew Jackson Pate

3. (b) If veteran, name war, -

3. (c) Social Security No., -

4. Sex, Male

5. Color or race, White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife, Lilly B. Pate

6. (c) Age of husband or wife if alive, 80 years

7. Birth date of deceased, July 17 1857

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	5	24	hr. min.

9. Birthplace, Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation, Retired farmer

11. Industry or business, William Pate

12. Name, William Pate

13. Birthplace, Tennessee

(City, town, or county) (State or foreign country)

14. Maiden name, Belinda Watson

15. Birthplace, Miss.

(City, town, or county) (State or foreign country)

16. (a) Informant, Mrs. Lilly B. Pate

(b) Address, 4058 Baltimore

17. (a) burial (b) Date thereof, 1/14/41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, Memorial Park

18. (a) Signature of funeral director, R. V. Lindsey & Sons

(b) Address, 3811 Broadway

19. (a) Jan 13, 1941 (b) M. M. Brown

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, Jackson

(c) City or town, Kansas City

(If outside city or town limits, write "RURAL")

(d) Street No., 4058 Baltimore

(If rural, give location)

(e) If foreign born, how long in U. S. A., 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month, Jan. day, 11

year, 1941 hour, 4:00 A.M. minute, R.M.

21. I hereby certify that I attended the deceased from Dec 1, 1940

19... to Jan 11, 1941

that I last saw him alive on Jan 11, 1941, 19... and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic Myocarditis

Duration, 10 years

Due to, 93

Due to, -

Other conditions, Old age 83 years

(Include pregnancy within 3 months of death)

22. Major findings: Of operations, no

Of autopsy, no

PHYSICIAN

Underline the cause to which death should be charged statically.

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

(a) Accident, suicide, or homicide (specify), no

(b) Date of occurrence, -

(c) Where did injury occur?, home

(City or town) (County) (State)

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

While at work?, no (Specify type of place)

(e) Means of injury, no

23. Signature, M. B. Caseliet M.D.

Address, 322 Westport Ave. R-2 No signed -1-4-41

Dr. M. B. Caswell
Wesley Ave
Bank Bldg

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 *James H. Keeler*

Licensed Embalmer No. *3738*

P. O. Address *W. C. West*

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.