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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2847

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 21 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles H. Cate

3. (b) If veteran, name war None

3. (c) Social Security No. 487-05-2175

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife Vera O. Cate

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 18, 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 0
If less than one day hr. min.

9. Birthplace Rich Hill MO
(City, town, or county) (State or foreign country)

10. Usual occupation apt. pressman

11. Industry or business Smith-Trigger

12. Name Frank Cate

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Alice Morgan

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vera O. Cate

(b) Address 149 So. Stone

17. (a) Funeral (b) Date thereof 1/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem

18. (a) Signature of funeral director George Carson

(b) Address Independence, Mo.

19. (a) Jan 20, 1941 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 149 So. Stone
(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 18 year 1941 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 17, 1941, to Jan 18, 1941; that I last saw him alive on Jan 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Strep. meningitis

Due to otitis media & mastoiditis

Due to JA

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

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? 360

(Specify type of place) _____ (e) Means of injury _____

23. Signature C. S. Hillman (M. D. or other) A

Address 10307 Independence Ave Date signed 1/24/41

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

Floyd C. Carson

Licensed Embalmer No. *4198*

P. O. Address *Independence*

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.