

No. 2
4-13-40
5-17-39
-I X23155

ED MAR 14 1941 399

Registration District No. 399 Primary Registration District No. 1002

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1715 Belleview /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Allen B. Tate

3. (b) If veteran, name war None 3. (c) Social Security No. 708-16-2900

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Clara B. Tate 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 26, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>9</u>	<u>20</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business Rock Island R. R.

12. Name Edward Tate

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

14. Maiden name Emeline

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

16. (a) Informant Clara B. Tate

(b) Address 1715 Belleview

17. (a) burial (b) Date thereof 2/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director H. H. Brown

(b) Address 1729 1/2 N. 1st St.
(c) Date received local registrar 2/19/41 (d) M. M. Brown (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. 1715 Belleview
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16 year 1941 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan - 9 1940 to Feb 16 1941; that I last saw him alive on Feb 16 1941; and that death occurred on the date and hour stated above.

Immediate cause of death:

Acute Pulmonary Edema 4 hrs
Acute Dilatated Heart 4 hrs
 Due to Coronary Thrombosis 6 MO
Cardiac Hypertrophy 2 yrs?
 Due to Hypertensive Arteriosclerosis 2 yrs?
Chronic Myocarditis 2 yrs

Other conditions (Include pregnancy within 3 months of death) 131

Duration
4 hrs
4 hrs
6 MO
2 yrs?
2 yrs?
2 yrs

PHYSICIAN

Major findings: 131

Of operations 131

Of autopsy no

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) NO

(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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury D

23. Signature H. H. Brown M.D. (M. D. or other)
Address 632 Prof Bldg Date signed 2-17-41

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.....

Isaac Jerome Manlove
.....
Licensed Embalmer No. *3994*

P. O. Address..... *1120 E. 23rd St.*

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.