

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 608

Primary Registration District No. 6807A

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Stella
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cardwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Edward Cates

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

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

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

7. Birth date of deceased April 19 1898
(Month) (Day) (Year)

8. AGE: Years 53 Months _____ Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew J. Cates
13. Birthplace Ill.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Margret Travis
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eliza M. Cates

(b) Address Noel, Mo, R#2

17. (a) Burial (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation Butler Creek Cem.

18. (a) Signature of funeral director Wheeler Mfg. Co.

(b) Address _____
19. (a) 5-9-1941 (b) Ada Cullings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Noel, Mo R#2
(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 May day 3
year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 2 - 1941, to May 9 - 1941
that I last saw alive on May 9 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 3 days
Due to Acute appendicitis 3 days

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

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) _____
(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 _____

23. Signature Cardwell (M. D. or other) _____
Address Stella Mo. Date signed 5/11/41

RECEIVED

District Health Officer No. 8
District File Number 54-798
Date Filed MAY 13 1944

AUG 4 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 Wm. Morris Pogue

Licensed Embalmer No. 3482

P. O. Address Wheaton Md

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.