

1-13-40
-17-39

FILED

JAN 24 1942 399
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4555

5266

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.

(c) Name of hospital or institution:
1871 Benton Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community about 22 yrs. /

3. (a) PRINT FULL NAME Robert Cate

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Zylpha Cate (divorced)

6. (c) Age of husband or wife if alive 56 years

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

8. AGE: Years about 63 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Paper hanger

11. Industry or business _____

MOTHER FATHER { 12. Name Sid Cate

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

14. Maiden name -- Walker

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

16. (a) Informant Francis Cate

(b) Address R R No 2 Liberty, Mo.

17. (a) removal (b) Date thereof 12/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayetteville, Ark.

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) Dec 9 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City, Mo. 8
(If outside city or town limits, write "RURAL")

(d) Street No. 800 West 16th St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th
year 1941 hour 2 minute 40 P. M.

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

Immediate cause of death Coronary thrombosis

Due to _____ 9/4a

Due to _____

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

Major findings: Of operations _____

Of autopsy See file

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 12/9/41

23. Signature [Signature] 3 (M. D. or other) 9/4
Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.