

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7267

Registration District No. 1548

Primary Registration District No. 4323

Registrar's No. 24

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Palmyra
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 3 months
In this community 1 year 3 months
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Edward Adolphus Tate
(b) If veteran, name war No.
(c) Social Security No. 491-14-2409

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Grace Englehardt Tate
(c) Age of husband or wife if alive 54 years
7. Birth date of deceased October 29 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 10
If less than one day hr. min.

9. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A. Worker
laborer

11. Industry or business
12. Name Robert Tate
13. Birthplace Marion county, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mitchell
15. Birthplace Marion county, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Wm Williams
(b) Address Palmyra, Mo.

17. (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 3/11/42
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem. Palmyra

18. (a) Signature of funeral director Lewis Moore
(b) Address Palmyra, Mo.

19. (a) Mar. 11-42
(Date received local registrar)
(b) Mrs Margaret Maddox
Deputy Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 9
year 1942 hour 4 minute 50 M.
21. I hereby certify that I attended the deceased from March
Sixth 1942 to March 9 1942
that I last saw him alive on March 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration

Due to Hypertension
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 830
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?

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

23. Signature William Williams (M. D. or other)
Address Palmyra, Mo. Date signed 3/11/42

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

REV. 8-17-39 I X19511

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.

100119

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..... *Robt. Lewis*

Licensed Embalmer No..... *3382*

P. O. Address..... *Palmyra Mo*

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.