

14154

S. No. 2
-11-10-39
-5-17-39
-I X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 8 1942

Registration District No. 237

Primary Registration District No. 4146

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Dade
(b) City or town South Greenfield
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether _____)

In this community 7 years
years, months or days3. (a) PRINT FULL NAME Louisa B. Cates3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife W. R. Cates 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Mar. 4, 1860
(Month) (Day) (Year)8. AGE: Years 82 Months 1 Days 11 If less than one day _____ hr. _____ min.9. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business home12. Name Isaac Preston13. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)14. Maiden name Susan Friar
15. Birthplace 1 Tenn
(City, town, or county) (State or foreign country)16. (a) Informant L. J. Cates(b) Address Greenfield Mo.17. (a) Burial (b) Date thereof 4-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pennsboro18. (a) Signature of funeral director L. J. Cates(b) Address Dadewiller Mo.19. (a) 4-17-42 (b) Phyllis Lack
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29(c) City or town South Greenfield
(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 4 day 16th
year 1942 hour 9 minute P.M.21. I hereby certify that I attended the deceased from 4-5-42
_____, 19____, to 4-15-42, 19____
that I last saw her alive on 4-14, 19____
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial failure

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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 St. O. Cowan (M. D. or other) M.D.Address Greenfield Mo. Date signed 4-17-42

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

108 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 542-635-

Date Filed MAY 6 1942

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.....

not embalmed.

....., Registered Apprentice No.....

working under my personal supervision.

Signed *L. L. Durrddie*

Licensed Embalmer No. *3786*

P. O. Address *Dadeville 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.