

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 190

FILED JUN 20 1944

Registration District No. 100

Primary Registration District No. 5617

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

1. PLACE OF DEATH: Max Co

(a) County Newark, Mo. (Rural)

(b) City or town Trabuco, Mo.
(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 _____
years, months or days)

3. (a) PRINT FULL NAME PATE, Charles Edward

3. (b) If veteran, name war World War #2

3. (c) Social Security No. _____

4. Sex Male

5. Color White

6. (a) Single, Married, Widowed, Divorced Married

6. (c) Name of husband or wife Kathleen Pate

6. (c) Age of husband or wife if alive 9 16 1921

7. Birth date of deceased: _____ (Month) (Day) (Year)

8. AGE: 22 Years 7 Months 21 Days

If less than one day _____ hr. _____ min.

9. Birthplace Rushville, Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation U.S. Naval Reserve

11. Industry or business _____

12. Name Eldon Livingston Pate

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

14. Maiden name Babe Paris

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

16. (a) Informant Records at

(b) Address Burial USNAS, Olathe, Kansas.

17. (a) _____ (b) Date thereof 5-3-44

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Spiehl Hudson

(b) Address Edina, Missouri

19. (a) Dunn 14946 (b) Nelle North

(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 53

(c) City or town Rushville
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30

year 1944 hour 1:20 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,

and that death occurred on the date and hour stated above.

Immediate cause of death Injuries

Multiple Extremes.

Due to Airplane Crash

Due to _____

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) _____ 052

(b) Date of occurrence April 30th 1944

(c) Where did injury occur? Near Newark, Mo. (City, town, or county) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

Rural (Specify type of place)

While at work? _____ (e) Means of injury _____

Signature W. L. Hudson (M., D., or other) _____

Address Edina, Mo. Date signed 5-20-44

RECEIVED

District Health Officer No. 10

District File Number 6-44-1172

Date Filed JUN 15 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.