

Registration District No. **126**

Primary Registration District No. **2000**

Registrar's No. **810**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1094 Meadowmere
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether
In this community **30 years**
years, months or days)

3. (a) PRINT FULL NAME **Robert L. Pate**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Caddie S. Pate** 6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **July 23, 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	2	17	hr. min.

9. Birthplace **Springfield, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Manager**

11. Industry or business **City Water Company**

MOTHER FATHER

12. Name **Robert L. Pate**

13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret J. Riggs**

15. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Warren Turner**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **Oct. 13, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **10-12-44** (b) **S. W. Handy**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield,** **2**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **1094 Meadowmere**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10**
year **1944** hour **10:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **app. 2 yrs ago**
19... to **Oct. 10** 19**44**;

that I last saw him alive on **October 10** 19**44**;

and that death occurred on the date and hour stated above.
Immediate cause of death **coronary occlusion** Duration

Due to **coronary arteriosclerosis** **10 yrs**

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)

(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 **Patricia R. Webb** (M. D. or other)

Address **Springfield, Mo.** Date signed **10/11/44**

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

419
642

NOV 9 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

Harlow Knabb

Licensed Embalmer No.

4065

P. O. Address

Springfield, 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, fact should be so stated above.

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