

FILED JUL 24 1945  
Registration District No. 22

Primary Registration District No. 1000

State File No. \_\_\_\_\_  
Registrar's No. 764

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1806 Clay Street, /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 19 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1806 Clay Street, 7  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John Taylor Pate

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male (f) 5. Color or race white

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

6. (b) Name of husband or wife Bertie Pate

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 28 1878  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1945 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 11, 1945 to July 15, 1945  
that I last saw him alive on July 5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized carcinoma several Mo

Due to Primary lesion not known

Due to \_\_\_\_\_

Other conditions: Surgery no (Include pregnancy within 3 months of death) afo. Explanation

Major findings: Of operations: \_\_\_\_\_  
Of autopsy: 5/5/2

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: \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address: St. Joseph, Mo. Date signed: 7/16/45

8. AGE:	Years	Months	Days	If less than one day
	67	3	17	hr. _____ min.

9. Birthplace: Louisville Kentucky /  
(City, town, or county) (State or foreign country)

10. Usual occupation: contractor

11. Industry or business: self

12. Name: Unknown,

13. Birthplace: Unknown, 9  
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown, 7

15. Birthplace: Unknown, 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. John T. Pate

(b) Address: 1806 Clay Street,

17. (a) burial (b) Date thereof: 7/17/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Pleasant Ridge Cemetery

18. (a) Signature of funeral director: \_\_\_\_\_  
(b) Address: 319 So. 10th Street

19. (a) 7/17/45 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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

1  
1  
7

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

1077

Dr. M. E. Bremer  
Kirk Bldg.

**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 Frank A. Bremer

Licensed Embalmer No. 1710

P. O. Address St Joseph

**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.**