

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5219
Registrar's No. 183

Registration District No. 128
Primary Registration District No. 2000

31
2
4216
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs.
In this community 8 hrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1509 Farmer
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Cates - Milford C.
3. (b) If veteran, name war World War #2 3. (c) Social Security No. unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 19
year 1946 hour 6:30 minute 2 M.
21. I hereby certify that I attended the deceased from 18 FEB 1946 to 19 FEB 1946
that I last saw him alive on 19 FEB 1946
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased: June 19, 1919
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 7 1/2 hrs
Due to internal injuries received in auto-train accident 7 1/2 hrs
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 26 Months 8 Days 0 If less than one day _____ hr. _____ min.
9. Birthplace Polk Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation U.S. Army

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Milford Cates
13. Birthplace unk. Mo. A
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Pratt
15. Birthplace Unk. G
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
Date of occurrence 18 Feb 46 133
(c) Where did injury occur? Springfield, Greene Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad crossing E. Commercial St.
While at work? No (Specify type of place) (e) Means of injury Collision
23. Signature Don J. Sibley (M. D. or other) P. J. D
Address Springfield, Mo. Date signed 2-19-46

16. (a) Informant Clark Cates (Bro.)
(b) Address 1509 Farmer Springfield Mo
(c) Place: burial or cremation Balun, Mo
18. (a) Signature of funeral director Arthur and Blue
(b) Address Balun, Mo
19. (a) 2-19-46 (b) Dr. W. S. Handley
(Data received local registrar) (Registrar's signature)

FEB 25 1947

DEC 2 1946

APR 1 1946

MAR 27 1946

JAN 27 1947

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 Willard B. Emwin
Licensed Embalmer No. 3092
P. O. Address Palmer, 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.

X