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

4535

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1946

State File No. 5546

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 942

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1411 EAST 27TH STREET TERRACE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether In this community 41 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 1415 EAST 27TH STREET (If rural, give location)

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

If yes, name country -------

3. (a) PRINT FULL NAME MR. HAROLD ALFRED CATES

3. (b) If veteran, name war No

3. (c) Social Security No. 487-09-4573

4. Sex MALE D

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. CECELIA CATES

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased March (Month) 10 (Day) 1904 (Year)

8. AGE: Years 41 Months 11 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Inspector

11. Industry or business Chevrolet Assembly Plant

FATHER
12. Name Charles Palmer CATES
13. Birthplace Kimball (City, town, or county) Minnesota (State or foreign country)

MOTHER
14. Maiden name Emma J. Onions
15. Birthplace Toronto (City, town, or county) Canada (State or foreign country)

16. (a) Informant Mrs. Harold A. Cates

(b) Address 1415 E 27th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 23RD year 1946 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from Coroner, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations
Of autopsy no History & Inspection

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) Coroner

Address 1424 [illegible] Date signed 2-23-46

(Licensed Embalmer's Statement on Reverse Side)

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. Earl Rapp

Licensed Embalmer No. 23458

P. O. Address K. C. 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.