

FILED *APR 9 1946*

Primary Registration District No. *3043*

104

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

1. PLACE OF DEATH:

(a) County *Marion*
(b) City or town *Hannibal*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *St Elizabeth Hosp.*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *42 weeks*
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Marion*
(c) City or town *Hannibal*
(If outside city or town limits, write "RURAL")
(d) Street No. *910 Center St*
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Barry Cates

(b) If veteran, name war _____

(c) Social Security No. _____

4. *(FEMALE)*

5. Color or race *w*

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: *Mar* *9* - *1940*
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day, hr. *45* min.

9. Birthplace: *Hannibal Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name *Sydney Cates*

13. Birthplace *Maryville Tenn*
(City, town, or county) (State or foreign country)

14. Maiden name *Helen Horn*
(City, town, or county) (State or foreign country)

15. Birthplace *Hull Ill*
(City, town, or county) (State or foreign country)

16. (a) Informant *Cates*
(b) Address *910 Center St Hannibal Mo*

17. (a) *BURIAL* (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *KEYS CHAPEL 3-11-46*
Kendalwood

18. (a) Signature of funeral director _____
(b) Address *W E Engrove Payson Ill*

19. (a) *3-10-46* (b) *W E Engrove*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Mar* *9* day *5* AM
year *1946* hour _____ minute _____

21. I hereby certify that I attended the deceased from *Newborn* 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 *Prematurity*
Duration *1 hr*

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: *159*
Of operations _____

Of autopsy _____

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) _____
(e) Means of injury _____

23. Signature *J. E. Sultzman* (M. D. or other) _____
Address *Hannibal* Date signed *7/9/46*

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

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.....
Body was Not Embalmed......, Registered Apprentice No.....
working under my personal supervision.

Signed *George F. Bond*.....
Licensed Embalmer No. *4373*.....
P. O. Address *Hanover - 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.