

5-43
17-39
26671

FILED JUN 10 1946

State File No. _____

Registration District No. 271

Primary Registration District No. 16284

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Manes, Montgomery Co.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

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

(d) Street No. RURAL
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME RILEY TATE

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1946 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from 4/15 1946 to 5/19 1946
that I last saw him alive on 5/1 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 MARRIED

6. (b) Name of husband or wife SUSIE TRUMBO TATE

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

7. Birth date of deceased JANUARY 27, 1883
(Month) (Day) (Year)

Immediate cause of death Cancer of bowels and liver

Due to _____

Due to _____

8. AGE: Years 63 Months 3 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation FARMER

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

Major findings: Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name NEWELL TATE

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name TENNESSEE RAYBORN

15. Birthplace Kennessee
(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) _____

(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 R.A. Pigeon (M.D. or other) _____
Address Mane Grove Date signed 5-20-46

16. (a) Informant MRS. SUSIE TATE

(b) Address MANES, MO.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof May 22, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation BUTCH CHAPEL

18. (a) Signature of funeral director James Barber

(b) Address Mane Grove, Mo.

19. (a) 9-21-46 (Date received local registrar)

(b) E. B. Daniel (Registrar's signature)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 375

Primary Registration District No. 6284

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Riley Tate

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 27 1919
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days _____ (If less than one day)

hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-31-46 (b) E. B. Garner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 _____

Due to _____

Due to Primary site unknown

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

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____ 55

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) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

18232

