

FILED JAN 13 1947

Registration District No. **138**

Primary Registration District No. **5529**

Registrar's No. **63**

1. PLACE OF DEATH:

(a) County **HICKORY**
 (b) City or town **WHEATLAND (RURAL)**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **47 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Myrtie E. Cates**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **J. H. CATES** 6. (c) Age of husband or wife if alive **70 years**

7. Birth date of deceased **December 14 1877**
 (Month) (Day) (Year)

8. AGE: Years **69** Months **0** Days **1** If less than one day hr. min.

9. Birthplace **BENTON CO. MO.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business

MOTHER FATHER { 12. Name **J. C. MILLER**
 13. Birthplace **KENTUCKY**
 (City, town, or county) (State or foreign country)
 14. Maiden name **NANNIE INGRAM**
 15. Birthplace **TENN.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **J. L. CATES**
 (b) Address **Wheatland, Mo.**

17. (a) **BURIAL** (b) Date thereof **12-16-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SPRING BRANCH CEMETERY**

18. (a) Signature of funeral director **Walter Raymond Hone**

(b) Address **Wheatland, Missouri**

19. (a) **Dec 30 - 1946** (b) **W. O. Hargiss**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **HICKORY** **43**
 (c) City or town **WHEATLAND (RURAL)** **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **0**
 (If rural, give location) **0**
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **15**
 year **1946** hour **10** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **Dec 12**
1946 to **Dec 15** **1946**;
 that I last saw her alive on **Dec 12** **1946**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myxo Carditis** **2 yrs**
 Duration

Due to **senility**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**
 Of autopsy **None**
 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? (c) Means of injury **2**

23. Signature **C. D. Bailey** (M. D. or other) **MD**
 Address **Wheatland, Mo.** Date signed **12-29**

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

DATE 12-26-1977
TIME 1:29-1
DISP. 7

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.....

William C. Mendonhall, Registered Apprentice No. *396*
working under my personal supervision.

Signed *Chas Gilbert Lethaway*

Licensed Embalmer No. *42167*

P. O. Address *Westland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.