

Registration District No. 271

Primary Registration District No. 5911

1. PLACE OF DEATH:

(a) County Peniscot
(b) City or town Wardell rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route Passla
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community X years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peniscot 78
(c) City or town Wardell rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Lee Pate

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced X

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased April 13, 1947
(Month) (Day) (Year)

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

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

10. Usual occupation X

11. Industry or business X

12. Name Fred Pate

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

14. Maiden name Alma Vance

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

16. (a) Informant Fred Pate

(b) Address Wardell, Mo.

17. (a) Burial (b) Date thereof 4/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell, Mo.

18. (a) Signature of funeral director H. J. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) April 16-47 (b) Mrs. Jessie Turnage
(Date received local registrar) (Registrar's signature) 11-37

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year 1947 hour 3 minute 55 P M.

21. I hereby certify that I attended the deceased from 4-14-47
1947 to 4-14-47 1947
that I last saw him alive on 4-14-1947 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Premature Congenital Dehiscence

Due to _____

Due to _____

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

Major findings:
Of operations 157
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury (C)

23. Signature [Signature] (M. D. or other)
Address Wardell Date signed 4-14-47

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

MOTHER FATHER

5-17-171

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 *James A. Osburn*
Licensed Embalmer No. *4185*
P. O. Address *Lebanonville, 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.