

FILED AUG 29 1947

Registration District No. 701

Primary Registration District No. 5405

1. PLACE OF DEATH:

(a) County Douglas
 (b) City or town Bertha rural Jackson
 (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 3 Days years, months or days)

3. (a) PRINT FULL NAME Willis Callie Tate

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

4. Sex Male 5. Color or race w
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased May 1947
 (Month) (Day) (Year)

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

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Lloyd Tate
 13. Birthplace Tarkie Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Bessie Berry
 15. Birthplace Douglas Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Guster Berry
 (b) Address Bertha, Mo.

17. (a) Burial (b) Date thereof May 31, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henderson Cemetery

18. (a) Signature of funeral director Neighbors

(b) Address Bertha, Mo.

19. (a) Aug-47 (b) Wesley Bushman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
 (c) City or town Bertha, rural
 (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 May day 30
 year 1947 hour 12 midnight minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on May 27, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cyanosis
Probably due to malformation
of heart
 Due to Congenital Debility

Due to _____
 Other conditions Never breathed
 (Include pregnancy within 3 months of death)
strong or regular

Major findings: _____
 Of operations _____
 Of autopsy 159E
 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) Manner of injury g

23. Signature Miss H. J. Stillard (M. D. or other) Miss
 Address Blanchard, Mo. Date signed July 29, 47

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

RECEIVED

District Health Officer No. 6,

District File Number 847-930

Date Filed AUG 28 1947

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.