

No. 2  
1/47  
17-39

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED JAN 8 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41279

Registration District No. 1.R.D.

Primary Registration District No. 5358

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Rural Short Bend Twp  
(c) Name of hospital or institution: None  
(d) Length of stay: In hospital or institution (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME Calvin Cates

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

4. Sex M Color or race W  
5. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Lillie Cates  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased August 24 1882

8. AGE: Years 65 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Boles Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Wesley Cates  
13. Birthplace Missouri  
14. Maiden name Susan Jennings  
15. Birthplace Missouri

16. (a) Informant Lillie Cates  
(b) Address Short Bend, Missouri

17. (a) Burial (b) Date thereof 12/20/47  
(c) Place: burial or cremation Cedar Grove Cem

18. (a) Signature of funeral director [Signature]  
(b) Address Salem, Missouri

19. (a) 12-20-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent  
(c) City or town Rural  
(d) Street No. Near Short Bend, Mo  
(e) Citizen of foreign country? no

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18  
year 1947 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from 12-13-47 to 12-18-47  
that I last saw him alive on 12-18-47 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease

Duration up

Due to  
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (M. D. or other)  
Address Salem, Mo. Date signed 12-20-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number

1488

Date Filed

1-7-48

JAN 9 1948

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

*Jim W. McDonald*

Licensed Embalmer No.

3806

P. O. Address

*Salem, 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.