

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **671**

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 7

1. PLACE OF DEATH:

(a) County De Witt

(b) City or town Salem
(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 years, months or days)

In this community 83 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Witt

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Alice Lucinda Cates

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased Sept. 22 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name James L. Fox

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

14. Maiden name Margaret Pittgreen

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

16. (a) Informant Edda Burrus

(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof Jan 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Hobert L. Gantman

(b) Address Salem Mo.

19. (a) 1-17-48 (b) M. D. Hart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1948, hour 5 minute 30 AM.

21. I hereby certify that I attended the deceased from 1-5-48, 19____, to 1-12-48, 19____;
that I last saw her alive on 1-12-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

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

Major findings:
Of operations AM

Of autopsy _____

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? No (Specify type of place) (Type of means of injury)

23. Signature M. D. Hart (M. D. or other) MD

Address Salem Mo Date signed 1/17/48

Duration Yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 5.

District File Number 14884

Date Filed 1-29-18

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.....

Edward F. Boyles....., Registered Apprentice No. 435
working under my personal supervision.

Signed Rosa Hamilton
Licensed Embalmer No. 3472
P. O. Address Cuba, 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.