REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13910
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1664
(c) City Kansas City, Mo. — (d) Street No. 3534 Woodland St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Nora Ellen Pate
(a) Residence, No. 3534 Woodland St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F E
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-16-1875
7. AGE: YEARS 63 | MONTHS 6 | DAYS 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

FATHER
13. NAME John Pate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (no record) Kentucky

MOTHER
15. MAIDEN NAME Elizabeth Swinney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (no record) Virginia

17. INFORMANT (ADDRESS) Mrs Virginia Schafer 3534 Woodland
18. BURIAL, CREMATION, OR REMOVAL
PLACE Laddonia, Mo. DATE Apr. 20th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bentley Mortuary Inc 5811 Troost Avenue
20. FILED Apr 20 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 1938, to Apr 18, 1939
I last saw her alive on Apr 18, 1939. Death is said to have occurred on the date stated above, at 1 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar Paralysis	
81	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. L. Miller, M. D.
(Address) 1032 Professional R C Mo

Licensed Embalmer's Statement on Reverse Side)

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X14028

Dr E. Lee Miller
Professional Bldg.

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 Guy Buffington

Licensed Embalmer No. 2756

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, above space should be left blank.