

REC'D JUN 8 1939

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

17843
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 379
 (b) Township Kaw Primary Registration District No. 1092 Registered No. 2245
 (c) City Kansas City (d) Street No. Gen. Hospital #2 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 307 NOAH PATE
 (a) Residence, No. 1400 Wykeham Way 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Odessa Pate
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1900
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 39 1 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Postal (clerk)
 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) Andover Ark.
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Odessa Pate 1400 Wykeham Way
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE May 31, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. Sterling Bell 1816 12th St. N.M.B.
 20. FILED May 31, 1939 M. M. Crowl Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20-39, 19____
 22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____
 I last saw him alive on 5-5-39, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____
23
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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) Quellman, M. D.
 (Address) 2100

WRITE PLAINLY, 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.

DEC 1 1942

DI

SEP 22 1954

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 *D. Sterling Bills*

Licensed Embalmer No. *3178*

P. O. Address *1811 E. 12th St.*

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.