

JUL 9 1940  
Registration District No. 287

Primary Registration District No. 4171

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Reynolds  
(b) City or town Harnersville  
(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 \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Ceather Howard Pate  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 15 1939  
(Month) (Day) (Year)

8. AGE: Years 1 Months 6 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Harnersville (City, town, or county) (State or foreign country) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Howard Pate  
13. Birthplace Dayton (City, town, or county) (State or foreign country)  
14. Maiden name Lucy H. Major  
15. Birthplace Jan (City, town, or county) (State or foreign country)

16. (a) Informant Howard Pate  
(b) Address Harnersville Mo.

17. (a) Buried (b) Date thereof 6 7 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Harnersville Cem

18. (a) Signature of funeral director Bertha Rinschling  
(b) Address Harnersville Mo.

19. (a) 6/10/40 (b) Pate  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town Harnersville (If outside city or town limit write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1940 hour 5 minute 17 M.

21. I hereby certify that I attended the deceased from May 14, 1940 to June 6, 1940  
that I last saw him alive on June 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Malaria 5 1/4

Due to encephalitis  
(cause unknown)

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 30

Major findings: Of operations \_\_\_\_\_  
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? 260

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Pate (M. D. or other) \_\_\_\_\_  
Address Harnersville Mo Date signed 6/8/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2

District File Number 740-117

Date Filed 7/2/40

**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, above space should be left blank.**