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FILED JAN 17 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42985
Registrar's No. 76

Registration District No. 444

Primary Registration District No. 5603

52

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

1. PLACE OF DEATH:
(a) County Knox
(b) City or town St. Myrtle Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Between Knox City and State Highway # 6, Edina, Mo.
(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

3. (a) PRINT FULL NAME James Harold Tate
(b) If veteran _____ name war _____
(c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Kathryn McKnight
(c) Age of husband or wife if alive 32 years
7. Birth date of deceased Aug 30 1903
(Month) (Day) (Year)

8. AGE: Years 37 Months 3 Days II If less than one day _____ hr. _____ min.

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

10. Usual occupation Engineer

11. Industry or business _____

MOTHER FATHER
12. Name Wm. E. Tate
13. Birthplace Elmer Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Wealthy Burus
15. Birthplace Elmer Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. E. Tate
(b) Address Edina, Mo.

17. (a) burial (b) Date thereof Dec -13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmer, Mo.

18. (a) Signature of funeral director Kath Hudson
(b) Address Edina, Mo.

19. (a) Dec 18 1940 (b) Mrs. E. M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Elmer
(If outside city or town limits, 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 Dec day 11
year 1940 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Automobile Accident
Due to Fracture of chest ribs over heart.
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Dec -11-1940
(c) Where did injury occur Edina, State # 6 Hwy, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Highway # 6
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Kath Hudson (M. D. or other) _____
Address Edina Mo Date signed Dec-12-40

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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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Md

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.

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Registration District No. 444

Primary Registration District No. 5603

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

1. PLACE OF DEATH:
 (a) County Knox
 (b) City or town Mustle
(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)

3. (a) PRINT FULL NAME James Harold Tate
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
 7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 37 Months 3 Days 11 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month Dec day 11
 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19 _____, to _____, 19 _____; that I last saw him _____ alive on _____, 19 _____, and that death occurred on the date and hour stated above.

Immediate cause of death auto accident
fracture of chest ribs
 Due to over heart
 Due to Collision of two autos
Head on collision
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.
210 M
FR

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence Dec 11 - 1940

(c) Where did injury occur Edina, Knox Co
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hwy # 6
(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTAL

S-42985