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FILED APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11273

Registration District No. 508 Primary Registration District No. 3026 Registrar's No. 54

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

59
1
2

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(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 —
In this community 20 yrs. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe 2
(If outside city or town limits, write "RURAL")
(d) Street No. 711 1/2 Webster 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME HENRY CLAY TATE
3. (b) If veteran, name war —
3. (c) Social Security No. 488-14-6238
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret Tate
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. (Month) 14 (Day) 1881 (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	6	6	— hr. — min.

9. Birthplace Milan (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Merchant - (Retired)
11. Industry or business —
FATHER
12. Name James C. Tate
13. Birthplace — (City, town, or county) Tenn. 1 (State or foreign country)
MOTHER
14. Maiden name Martha Williams
15. Birthplace — (City, town, or county) Tenn. 1 (State or foreign country)
16. (a) Informant Thomas J. Tate
(b) Address Chillicothe, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cem Milan Missouri
18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe Mo
19. (a) 3-24-41 (Date received local registrar) (b) H. M. Grace M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 41 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 14 1941 to March 20 1941 that I last saw him alive on March 20 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	30 minutes
Due to Arteriosclerosis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94 N

Major findings:
Of operations
Of autopsy

PHYSICIAN
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)
(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? 94 2 (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Chillicothe Mo Date signed 3/24/41

(Licensed Embalmer's Statement on Reverse Side)

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.....Donald F. Gordon.....

Licensed Embalmer No.....4191.....

P. O. Address.....Chillicothe, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.