No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26378

Registration District No. 836 Primary Registration District No. 6100 Registrar's No. 34

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town ~~Parma Mo. Rural Rt I~~ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community 1 day 5 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Parma Rural Rt I (If outside city or town limits, write "RURAL") 0
(d) Street No. 2 mi. N—Parma Mo. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jimmie Dell Ates
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June (Month) 24 (Day) 41 (Year)

8. AGE: Years | Months | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace Parma (City, town, or county) Mo. (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Raymond Ates
13. Birthplace Dunklin Co. (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Mabel Snider
15. Birthplace California (City, town, or county) (State or foreign country)
16. (a) Informant Raymond Ates
(b) Address Parma Mo. Rt I
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Malden Mo.
18. (a) Signature of funeral director Watkins
(b) Address Parma Mo.
19. (a) 7-21-1941 (Date received local registrar) (b) Laura Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1941 hour 11:00 minute — P.M.
21. I hereby certify that I attended the deceased from 6-23-41, 19__, to 6-24-41, 19__; that I last saw h— alive on 6-23-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Birth Injury
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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

160a

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature N. H. Gilbert & Co (M. D. or other) 9.00
Address Parma Mo Date signed 6-24-41

073 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 841-103
Date Filed 8-9-41

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, fact should be so stated above.