

S. No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2286
State File No. _____
Registrar's No. **73**

FILED FEB 13 1942
318

Registration District No. _____

Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1094 Meadowmere
(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) **73 years**

3. (a) PRINT FULL NAME **Caddie S. Pate**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (d) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Robert L. Pate**
6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **June 26, 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **7** Days **0**
If less than one day hr. min.

9. Birthplace **Greene County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **In Home**

MOTHER FATHER { 12. Name **William L. Mack**
13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Aranita Dew**
15. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Robert L. Pate**
(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **1 / 28 / 42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hazelwood Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**

19. (a) **128-42** (b) **W E Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield,**
(If outside city or town limits, write "RURAL")
(d) Street No. **1094 Meadowmere**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **26th,**
year **1942** hour **8:45** minute **P. M.**

21. I hereby certify that I attended the deceased from **February 8, 1941** to **January 26, 1942;**
that I last saw her alive on **January 26, 1942;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
Duration **one week**

Due to **107**
Due to _____

Other conditions **Senile Dementia** **Four years**
(Include pregnancy within 3 months of death)

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? _____

While at work? **0** (Specify type of place)
(e) Means of injury **0**
23. Signature **W E Handley** (M. D. or other)
Address **Springfield, Mo.** Date signed **1/27/42**

(Licensed Embalmer's Statement on Reverse Side)

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

9
2
4

984

APR 1 1942

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..... *Jesse G. Scharpf*

Licensed Embalmer No. *3802*

P. O. Address *Springfield, Mo.*

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.

X