

FILED FEB 13 1942
Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 68

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

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:
2850 N. HOWARD ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County Shelby

(c) City or town Memphis
(If outside city or town limits, write "RURAL.")

(d) Street No. 3530 Autumn
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALTA MOORE TATE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1942 hour 7 minute 45 P.M.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HERBERT L. TATE

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: Jan (Month) 17 (Day) 1894 (Year)

21. I hereby certify that I attended the deceased from 1-25 1942 to 1-25 1942
that I last saw him alive on 1-25-42 and that death occurred on the date and hour stated above

Immediate cause of death Auto wreck Duration _____
leision

8. AGE: Years 48 Months 0 Days 8 If less than one day _____ hr. _____ min.

Due to hypertension (280)

9. Birthplace Springfield Mo. U
(City, town, or county) (State or foreign country)

Due to Shock from death & burial of mother

10. Usual occupation In home

Other conditions 1-25-42
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

12. Name Mr. W. Moore

Of autopsy 95C

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

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

14. Maiden name Margaret A. Howard

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

16. (a) Informant Herbert L. Tate

(b) Address Memphis Tenn.

17. (a) Burial (b) Date thereof Jan 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Tenn.

18. (a) Signature of funeral director J. W. Fingert Co.

While at work? (Specify type of place) (e) Means of injury 0

(b) Address Springfield Mo.

23. Signature A. F. Freeman (M. D. or other) _____
Address Springfield Mo. Date signed 1-26-42

19. (a) 1-26-42 (b) A. F. Freeman
(Date received local registrar) (Registrar's signature)

FEB 26 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.....

Max Rhodes

Licensed Embalmer No.....

4071

P. O. Address.....

Sungfield

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