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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1938

Registration District No. ~~316~~

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 37141

Registrar's No. 801

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: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 20 days (Specify whether
In this community 20 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Stone~~ Taney 106
(c) City or town ~~Rural~~ Point Lookout
(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.? ✓ 1 years.

3. (a) PRINT FULL NAME Susan Tate
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased April (Month) 14 (Day), 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 0	6	23	hr. min.

9. Birthplace Stone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name James Franklin Tate
13. Birthplace Taney County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Bertha Syrelda Wyaat
15. Birthplace Taney County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs James F Tate
(b) Address Point Lookout, Missouri
17. (a) Remains (Burial, cremation, or removal) (b) Date thereof 11-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Point Lookout, Mo
18. (a) Signature of funeral director Whelchel Funeral Home
(b) Address Branson Mo
19. (a) 11-7-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1942 hour 1:20 minute P M.
21. I hereby certify that I attended the deceased from 10-15-42, 19__, to 11-7-42, 19__;
that I last saw her alive on 10-6-42, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic intestinal indigestion	
Due to 119a	
Due to	
Other conditions Anhydremia intoxication (Include pregnancy within 3 months of death) Bronchopneumonia	2 wk 5 d.

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

23. Signature Arthur Bussell (M. D. or other)
Address Springfield Mo Date signed 11-12-42

1 of (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.....

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.