

FILED JUN 24 1943
Registration District No. **749**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH
(a) County **Mo. Jackson**
(b) City or town **K.C.**
(c) Name of hospital or institution: **St Mary's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 hrs.**
In this community **12 hrs - 10 min.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo. Kans.** (b) County **Jackson**
(c) City or town **K.C.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1920 Kans. - 800 main.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **—**

3. (a) PRINT FULL NAME **Baby Girl Pate (Carolyn Sue)**
3. (b) If veteran, name war **—**
3. (c) Social Security No. **—**

4. Sex **Female** 5. Color or race **w**
6. (a) Single, widowed, married, divorced **W.B.**
6. (b) Name of husband or wife **—**
6. (c) Age of husband or wife if alive **—** years (Month) (Day) (Year)

7. Birth date of deceased **6-4-43**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
— — — 12 hr. 10 min.

9. Birthplace **K.C. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **new born**

11. Industry or business
12. Name **James Hall Pate**
13. Birthplace **Blatt City Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Dorothy Shuler**
15. Birthplace **Missouri Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. J. C. Brother**
(b) Address **1420 Kenosha K.C. Mo.**
17. (a) **burial** (b) Date thereof **6-9-1943**
(burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Hill K.C. Kans.**

18. (a) Signature of funeral director **Daniels Bros**
(b) Address **644 Kansas Ave. K.C. Kans.**
19. (a) **6-9-43** (b) **J. B. Brown**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **5** year **1943** hour **9** minute **15** M.
21. I hereby certify that I attended the deceased from **June 4** 1943, to **June 5** 1943; that I last saw her alive on **6/5/43** 1943; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Due to **child birth injury (spontaneous delivery)**
Due to **—**
Other conditions **160a**
(Include pregnancy within 3 months of death)

Major findings: Of operations **—**
Of autopsy **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? **—**
While at work? (Specify type of place) (e) Means of injury **—**
23. Signature **J. C. Brown M.D.** (M. D. or other) **—**
Address **242 Bluff Mt. Bluff** Date signed **6/5/43**

MOTHER FATHER

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.