

FILED MAR 16 1944

Registration District No. 13

Primary Registration District No. 5057

Registrar's No. 17

1. PLACE OF DEATH:
(a) County Barry county
(b) City or town Monett
(c) Name of hospital or institution: None Kings Prairie Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community All His Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Rural RFD 2 - Monett
(If outside city or town limits, write "RURAL")
(d) Street No. Kings Prairie Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME John Douglas Tate
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 18
year 1944 hour 2 minute 30 M.

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Florence E. Moore Tate
6. (c) Age of husband or wife if alive, years 20
7. Birth date of deceased March 20 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10 - 1944 to Feb 18 - 1944; that I last saw him alive on Feb 18 - 1944 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 10 28 hr. min.

Immediate cause of death Acute Endocarditis Affecting Aortic Valves Duration
Due to Intestinal Flu in Jan. Starting Jan. 10 - 1944

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

Due to _____
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN 91 P
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name John Douglas Tate
13. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Westfall
15. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs John D. Tate
(b) Address RFD 2 - Monett Missouri
17. (a) Burial (b) Date thereof Feb 21 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kings Prairie Cemetery Barry Co. Mo
18. (a) Signature of funeral director _____
(b) Address Callaway's Monett Mo
19. (a) Feb 21 - 1944 (b) Audna Mullenbough
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury _____
23. Signature L. H. Ferguson (M. D. or other) M.D.
Address Monett, Mo Date signed Feb 19 1944

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 344-306

Date Filed MAR 14 1944

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

J. P. Buchanan

Licensed Embalmer No. 3129

P. O. Address

Monett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. 17

Registration District No. 13

Primary Registration District No. 5057

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life years, months or days) (Specify whether

3. (a) PRINT FULL NAME

John H. Tate

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased mar 20 (Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 20 (If less than one day, _____ min.)

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Barry
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day _____ year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (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? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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