

Dr. English
State File No. **24585**

FILED AUG 9 1948

Registration District No. **102**

Primary Registration District No. **4174**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Dunklin**
 (b) City or town **Cardwell, Mo.**
 (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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Dunklin**
 (c) City or town **Cardwell, Mo.**
 (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 _____

3. (a) PRINT FULL NAME **Charles Henry Tate**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **8**
 year **1944** hour **7** minute **30** **P.**M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him **alive** on **June 8**, 19____, and that death occurred on the date and hour stated above.

7. Birth date of deceased **Dec. 4 1870**
 (Month) (Day) (Year)

Immediate cause of death
**Brought to Presnell
 Hospital**

8. AGE: Years **73** Months **6** Days **24** If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions **Ch. phos. the, Pul.**
 (Include pregnancy within 9 months of death)

9. Birthplace **Alvern Arkansas**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Store Keeper**
 11. Industry or business _____

Major findings:
 Of operations **1381**
 Of autopsy _____

MOTHER FATHER }
 12. Name **William Jacob Tate**
 13. Birthplace **Alvern Arkansas**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth D. K**
 15. Birthplace **D. A. D. K. A**
 (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? _____

(c) Place: burial or cremation **Presnell**
 18. (a) Signature of funeral director **A. J. Emerson**
Paragould, Ark.
 (b) Address _____
 19. (a) **7-20-44** (b) **M. J. Johnson**
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **W. P. English**
 Address **Cardwell, Mo.** Date signed **6-11-44**

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

3500

3500

RECEIVED

District Health Office No. 2,

District File Number 244-1043

Date Filed 8-2-77

AUG 25 1977

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.