S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25484

Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Bolivar (Rural) Marion (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8 miles S.E. of Bolivar (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) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Bolivar (Rural) (If outside city or town limits, write "RURAL") 3

(d) Street No. 8 miles S.E. of Bolivar (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country none

3. (a) PRINT FULL NAME Henry Dixon Kates

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha E. Kates

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

7. Birth date of deceased May 10, 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER-FATHER

12. Name Henry D. Kates Sr.

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

14. Maiden name Frances Caroline Foster

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

16. (a) Informant Monroe Kates

(b) Address Bolivar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Erwin Blue

(b) Address Bolivar, Mo.

19. (a) July 27, 1944 (Date received local registrar) (b) Alice Palin (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 10 year 1944 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on July 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	3 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

83a

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 [signature] (M. D. ~~or other~~)

Address Bolivar Mo. Date signed 7-27-44

1274

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-44-953
Date Filed 8-14-44

AUG 16 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 Richard L. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar Mo.

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.