

S. No. 2
M-8-43
v. 5-17-39
X37823

3123

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 14 1944

Registration District No.

Primary Registration District No. 5635

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Phillipsburg Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clara Nostrum Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs 4
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME ELIZA J. TATE

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

4. Sex 7 | 5. Color or race w | 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Wm H. Tate | 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Zadak Piercy

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

14. Maiden name Olivia Gargas

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

16. (a) Informant George Tate

(b) Address Phillipsburg mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon mo.

19. (a) Sept-26-44 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1944 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from 9-3 1944, to 9-3 1944, that I last saw her alive on 9-3 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration

Due to Hypertension

Due to Chronic glomerulonephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/18

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) (e) Means of injury _____

23. Signature Austin B. Krauss (M. D. or other) P.O.
Address Lebanon, Mo. Date signed 9/8/44

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

300

Received

Laclede County Health Unit

File No. 9-44-117

Date Filed 10/11/48

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.