

FILED MAY 11 1945
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 326

1. PLACE OF DEATH:

(a) County GREENE
Springfield

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

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 15 minutes
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene³⁴

(c) City or town. Springfield "Rural" - S. Campbell
(If outside city or town limits, write "Rural" and name of township)

(d) Street No. Route #3.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Baroness Lee Tate

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1945 hour 3:00 minute 0 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased April 17, 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 17, 1945 to April 17, 1945 that I last saw him alive on April 17, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0 0 0 0 hr. 15 min.

Immediate cause of death Premature (5 Months)

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

Due to _____

Due to _____

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

10. Usual occupation Infant

11. Industry or business _____

Major findings: Of operations 159

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Emil Tate

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

14. Maiden name Anna Scraggins

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

16. (a) Informant Emil Tate

(b) Address Route 3 - Springfield, Mo.

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? _____

17. (a) Burial (b) Date thereof 4-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Body removed by family

(b) Address Route #3, Springfield, Mo.

19. (a) 4-18-45 (b) S. W. Spaulding
(Date received local registrar) (Registrar's signature)

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

Address _____ Date signed _____

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

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.

X