. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41688

State File No.

FILED DEC 29 1945

Registration District No. 173 Primary Registration District No. 3036 Registrar's No. 104

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: 25 West Summit 1 (If not in hospital or institution, write street number or location)

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

In this community 10 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55 1

(c) City or town Aurora MO (If outside city or town limits, write "RURAL")

(d) Street No. 25 West Summit 1 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Ann Tate

3. (b) If veteran, name war 0

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June 15, 1935 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
10	4	25	hr. min.

9. Birthplace Aurora Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name William Tate
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Pfitzner
15. Birthplace Verona Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant William Tate

(b) Address Aurora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Oscar L Marsh

(b) Address Aurora MO

19. (a) 11-13-45 (Date received local registrar) (b) Ora McNatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1945 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 10 11 30 AM 1945 to Nov 10 - 5 15 PM 1945 that I last saw her alive on Nov 10 5 15 PM 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilatation of heart	
Due to Air	
Due to	
Other conditions Acute Indigestion (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 95 J

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 2

23. Signature Milton A. Davis (M. D. or other) D.O

Address Aurora Mo Date signed 11/12/45

1465 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1245-1171
Date Filed 12-18-45

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 Myself, Registered Apprentice No. —, working under my personal supervision.

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora 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.