

FILED MAR 2 1946

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1414 Linwood Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 29 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME William H. Tate

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mattie F. Tate 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 16 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 7 28 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business.....

12. Name Stephen Tate

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

14. Maiden name NO RECORD

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

16. (a) Informant John S. Tate

(b) Address 3417 Forest

17. (a) Eurial (b) Date thereof Feb 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem Indp. Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 2-15-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Feb. 1414 Linwood Blvd
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14
year 1946 hour 12:30 minute 1 M.

21. I hereby certify that I attended the deceased from Jan 19, to Feb 14, 1946; that I last saw him alive on Feb 14, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency
Due to active sclerosis

Due to.....
Other conditions 95C
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy no
Heart & lungs

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)
(c) Means of injury.....
23. Signature Sam M. [unclear] (M. D. or other) Sam
Address 1928 [unclear] Date signed 2-14-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
C. H. Rice

Licensed Embalmer No. *2570*

P. O. Address.....
R. O. 7th

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.