S. No. 2
M—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

FILED AUG 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22985

Registration District No. 59 Primary Registration District No. 5-229 4100 Registrar's No. 112

19
8

1. PLACE OF DEATH:

(a) County Cass, Polk Township
(b) City or town Strasburg, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Strasburg, Missouri (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Strasburg (If outside city or town limits, write "RURAL")
(d) Street No. XXXX (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME Lorah Estella Cates
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife General Cates
6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased July 9, 1867 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	0	11	hr. min.

9. Birthplace Richmond, Missouri. (City, town, or county) (State or foreign country) 11
10. Usual occupation Housewife
11. Industry or business at home
FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name unknown 9
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Charles Ballard
(b) Address Strasburg, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Tods Chapel
18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri.
19. July 29 1946 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1946 hour 8 minute A M.
21. I hereby certify that I attended the deceased from 12-24, 1945, to 7-20, 1946; that I last saw her alive on 7-19, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular Fibrillation and Coronary Sclerosis
Due to Arterio Sclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 94 a
Of autopsy

Duration: About 7 mo.

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 W. Beckman (M.D. or other)
Address Strasburg Mo Date signed 7/25/46

(Licensed Embalmer's Statement on Reverse Side)

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.....M L Canaday.....

Licensed Embalmer No.....3434.....

P. O. Address.....Walden, Nev.,

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.