

FILED NOV 25 1946
Registration District No. 301

Primary Registration District No. 6032

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town 1 1/2 mi. East of Doniphan
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at home (Rural)
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91

(c) City or town 1 1/2 mi. East of Doniphan
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country. _____

In this community _____
years, months or days

3. (a) **PRINT** Name of deceased David Tate

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23.
year 1946. hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from
on 10-23, 1946, to _____, 1946;
that I last saw him alive on 10-23
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Duration _____

4. Sex Male 5. Color White

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

6. (b) Name of husband or wife Lucie Conder

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

7. Birth date of deceased April 26-1880
(Month) (Day) (Year)

Due to stop the heart

Due to _____

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

8. AGE: Years 66. Months 5. Days 27.
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____

Of autopsy _____

115 B

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Calvin Tate

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

14. Maiden name _____

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

16. (a) Informant Mrs. Lucie Tate

(b) Address Doniphan, Mo.

17. (a) Burial (b) Date thereof 10-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unity Cemetery

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 J. E. Williams (M. D. or other) _____
Address Doniphan, Mo. Date signed 10-26-46

18. (a) Signature of funeral director E. B. Johnston

(b) Address Doniphan, Mo.

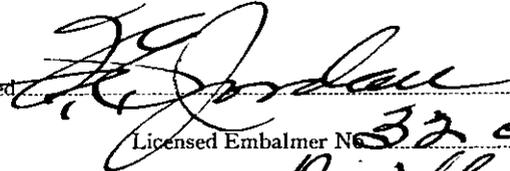
19. (a) 10-26-46 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

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. 3200

P. O. Address Doniphan

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.