

Registration District No. 187

Primary Registration District No. 5695

1. PLACE OF DEATH:

(a) County LIVINGSTON

(b) City or town Chula - Rural - Cream Ridge
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LIVINGSTON ⁵⁹

(c) City or town Chula RFD #1 ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Cream Ridge Township ⁰
(If rural, give location)

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

3. (a) PRINT FULL NAME Horoce Tate

3. (b) If veteran, name war..... 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1946 hour 8 AM minute..... M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Emma Tate

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan 25 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 2 1946 to Dec 3 1946
that I last saw him alive on Dec 2 1946
and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>75</u> | <u>10</u> | <u>18</u> | hr. min. |

Immediate cause of death Coronary occlusion ^{2 Days}

Due to arterio sclerosis

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

10. Usual occupation Farmer

Other conditions 5
(Include pregnancy within 3 months of death)

Major findings: Of operations 94A

Of autopsy.....

11. Industry or business

12. Name George Edward Tate

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

14. Maiden name Marytha Thomas

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Tate

(b) Address Chulas Mot. A. 1

17. (a) Burial (b) Date thereof 12-5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alpha 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?.....

18. (a) Signature of funeral director E. J. Robertson Funeral Home

(b) Address Laredo Mo

19. (a) Dec 13/46 (b) Francis B. Neill
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature E. J. Neill (M. D. or other)
Address Phuiston Mo Date signed 12/3/46

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

446661

171

MAY 12 1961

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John M Robertson
Licensed Embalmer No. 4388
P. O. Address Laredo 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.