

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23992**  
Registrar's No. **162**

Registration District No. **137**

Primary Registration District No. **4218**

1. PLACE OF DEATH:  
(a) County **Henry**  
(b) City or town **Windsor**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**206 East Florence**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 years**  
In this community **12 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Henry**  
(c) City or town **Windsor**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **206 East Florence**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Mrs. Jennie Lee Tate**  
3. (b) If veteran, name war No. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **15**  
year **1947** hour **8** minute **30** p. M.

4. Sex **Fe** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**  
6. (b) Name of husband or wife **Frank Tate** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **March 20 1877**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 17** to **July 15**, 19**47**  
that I last saw **her** alive on **July 15**, 19**47**  
and that death occurred on the **date** and **hour** stated above.

8. AGE: Years **70** Months **3** Days **25** If less than one day hr. min.

Immediate cause of death: **Coronary artery and pump.**  
Due to  
Due to

9. Birthplace **Fort Gay W. Va.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Home Maker**

Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations **W. Va.**  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business  
12. Name **John Frasher**  
13. Birthplace **Ft. Gay W. Va.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Emma Merideth**  
15. Birthplace **Ft. Gay W. Va.**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **St.**  
(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) (e) Means of injury  
23. Signature **H. M. ...** (M. P. ...)  
Address **Windsor Mo** Date signed **7/28/47**

16. (a) Informant **Mrs. Bessie Neal, 193 Riley**  
(b) Address **Buffalo, New York**  
17. (a) **Burial** (b) Date thereof **7-19-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Windsor, Missouri**  
18. (a) Signature of funeral director **Huston-Turner**  
(b) Address **Windsor, Missouri**  
19. (a) **7-19-1947** (b) **R. R. Kenney**  
(Date received local registrar) (Registrar's signature)

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

2  
2  
0

42  
2  
0  
0

RECEIVED  
District Health Officer No. 7,  
District File Number 6-47-857  
Date Filed 7-21-47

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.....

William M. Turner....., Registered Apprentice No. 470  
working under my personal supervision.

Signed Edwin H. Hurston.....

Licensed Embalmer No. 3391.....

P. O. Address Windsor 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.