

FILED AUG 19 1947

Registration District No. _____

Primary Registration District No. 5048

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Purdy, Rural, McDonald twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
Ten Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Purdy Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

(b) If veteran, name war NO

Leonard Austin Tate

(c) Social Security No. NO

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Bell Tate
6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August 9 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 28 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Edward Tate

13. Birthplace Sullivan Co, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lidia Shipley

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Tate
(b) Address Furdy, Missouri

17. (a) Burial Furdy, Missouri (b) Date thereof May 14, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roller Cemetery

18. (a) Signature of funeral director Bennett & Wormington

(b) Address Monett, Missouri

19. (a) 8/11/47 (b) Therese Helen Hayden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1947 hour 12:15 minute _____ M.

21. I hereby certify that I attended the deceased from July 10, 1947 to May 12, 1947
that I last saw him live on May 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Instant

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

Major findings: _____
Of operations _____
Of autopsy 94A

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) Means of injury _____
23. Signature J. S. Ballou (M. D. or other)
Furdy, Mo Date signed 3-13-47

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 6;
District File Number 847-857
Date Filed AUG 19 1947

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 P. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, Missouri

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.