No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30656

Registration District No. 59 Primary Registration District No. 5218 Registrar's No. 146

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural Big Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2nd house on N. side of 58 Hwy. West of 71 Rt #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cass
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2nd house on N. side of 58 Hwy W. of 71 Rt #4 Pleasant Hill Mo.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Giles Greer Cates
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora Alice Cates
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased JANUARY (Month) 12 (Day) 1875 (Year)

8. AGE: Years 72 Months 8 Days 11 If less than one day hr. min.
9. Birthplace Shelbyville Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Daniel Cates
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Evans
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Henry Cates
(b) Address Pleasant Hill Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Carrsville Cem.
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo.
19. Sept. 23-1947 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23 year 1947 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept. 22, 1947 to Sept 23, 1947 that I last saw him alive on September 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Cerebral Sclerosis	?
Due to Cerebral Hypertension	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Martin V. Hobbins (M. D. or other) M.D.
Address Peculiar, Mo. Date signed 9/23/47

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

Jefferson City Printing Co. (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 [illegible], Registered Apprentice No. 454, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3478

P. O. Address Clinton 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.