No. 2
—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8934

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1042

48
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No.1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 ds (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4214 East 26th St. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Isaac Tate
3. (b) If veteran, name war - no
3. (c) Social Security No. none

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Mary E.
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased August 14 (Month) 1879 (Day) (Year)

8. AGE: Years 68 Months 6 Days ~~2~~ 20 If less than one day ..... hr. ..... min.

9. Birthplace Smithville Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Paper hanger
11. Industry or business Self
FATHER
12. Name Frank Tate 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Cox
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mary E. Tate
(b) Address 4217 E. 26th
17. (a) Removal (b) Date thereof 3-8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Paradise Missouri
18. (a) Signature of funeral director C.H. Blackman & Son, Inc
(b) Address 2825 Independence Blvd.
19. (a) 3-6-48 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1948 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from 2-21-48, 19..., to 3-4-48, 19...;
that I last saw him alive on 3-4-48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive cardio vascular disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
Of autopsy None	

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 0
23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. K.C. Gen. Hospital Date 3-4-48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....W D Bluedman.....

Licensed Embalmer No.....3639.....

P. O. Address.....P. C. 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.