S. No. 2
M—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 75

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16725

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No.: 1401 Mississippi Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Harry L. Pate
3. (b) If veteran, name war: World War #1
3. (c) Social Security No.:
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Elizabeth Pate
6. (c) Age of husband or wife if alive: 45yrs years
7. Birth date of deceased: February (Month) 7 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
52	2	15	hr. min.

9. Birthplace: Fort Scott (City, town, or county) Knasas (State or foreign country)
10. Usual occupation: Investments & Loans
11. Industry or business:
FATHER 12. Name: Preston Pate
13. Birthplace: Ft. Scott (City, town, or county) Kansas (State or foreign country)
MOTHER 14. Maiden name: Edna Hanna
15. Birthplace: Monmouth (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Elizabeth Pate
(b) Address: 1401 Mississippi Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery
18. (a) Signature of funeral director: Thornhill-Dillon
(b) Address: Joplin Missouri
19. (a) 4-24-48 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour 12:40 minute P.M.
21. I hereby certify that I attended the deceased from April 20, 1948, to April 22 1948, 19..; that I last saw him alive on 4/22/48, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: none 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): No
(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) Nature of injury:
23. Signature: (M. D. or other)
Address: Frisco BLDG, Joplin Mo. Date signed 4/23/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

48-5-420

JUN 14 1948

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 Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Ophir, 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.