

FILED JUL 26 1948

State File No.

Registration District No. 519

Primary Registration District No. 4100

Registrar's No. 124

## 1. PLACE OF DEATH:

(a) County Casson  
 (b) City or town Strasburg  
 (If outside city or town limits, write "RURAL" and name of township)  
11 Strasburg  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no (Specify whether  
 In this community 11 Yrs  
 years, months or days)

3. (a) PRINT FULL NAME Hattie Leona Cates

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Benjamin Cates 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased Oct. 16 1873  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 8 23 hr. min.

9. Birthplace Ray Co Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business House Wife12. Name Luther Carter13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)14. Maiden name Mary Robb15. Birthplace Ky  
 (City, town, or county) (State or foreign country)16. (a) Informant Iola G Cates(b) Address Strasburg Mo.17. (a) Burial (b) Date thereof 7-11-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Hill18. (a) Signature of funeral director Sweeney Phillips(b) Address Warrensburg Mo.19. (a) July 19, 1948 (b) Rama J. Jones  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
 year 1948 hour 66 minute PP M.

21. I hereby certify that I attended the deceased from  
Dec 5, 1947, to July 9, 1948;  
 that I last saw her alive on July 9, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration about 4 da

Due to Cerebral Hemorrhage

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy

## PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (c) Means of injury

23. Signature W. Beckman (M. D. or other) M. D.Address Strasburg Mo Date signed 7/10/48

---

---

**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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.**