

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23671  
State File No.  
Registrar's No. 293

Registration District No. 238

Primary Registration District No. 5823

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Rural  
(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 (Specify whether years, months or days) 3 months

3. (a) PRINT FULL NAME HENRY DALE ATEs

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 0 years  
7. Birth date of deceased September 22, 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
NO 6 26 hr. min.

9. Birthplace Poplar Bluff Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Raymond Ates  
13. Birthplace Malden, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mabel Snider  
15. Birthplace Bakersfield, Calif.  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Ates  
(b) Address Star Route East Prairie, Mo

17. (a) Burial (b) Date thereof Apr 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Prairie, Mo

18. (a) Signature of funeral director Wallace R. Knight  
(b) Address Malden, Missouri

19. (a) 7-20-48 (b) Helene Louise Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18  
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 4-17 to 4-17, 1948  
that I last saw him alive on 4-17, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration

Due to Secondary anemia

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.

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) (e) Means of injury 0

23. Signature Frank E. Dineen (M. D. or other) M.D.  
Address Poplar Bluff, Mo Date signed 4/22/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 748-910

Date Filed 7-19-68

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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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address Malden

**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.