S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 27 1948

Registration District No. 32

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3021

State File No. 29555

Registrar's No. 137

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 17 Hours (Specify whether years, months or days)
In this community: 17 Hours.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy
(c) City or town: Laredo - Rural - (If outside city or town limits, write "RURAL")
(d) Street No.: Marion Twp. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Larry Eugene Tate
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: September (Month) 11 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day: 17 hr. min.

9. Birthplace: Trenton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: ✓
11. Industry or business: ✓

FATHER
12. Name: Gale Morris Tate
13. Birthplace: Linneus (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Emmagene Page
15. Birthplace: Laredo (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Gale Tate
(b) Address: Laredo Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/13/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Laredo Cemetary
18. (a) Signature of funeral director: E. J. Robertson Funeral Home
(b) Address: Laredo Missouri
19. (a) 9-13-48 (Date received local registrar) (b) Irene Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 11 year: 1948 hour: 7:00 minute: — P.M.
21. I hereby certify that I attended the deceased from 11 Sept. 1948, to 11 Sept. 1948 that I last saw him alive on 11 Sept. 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: INTRACRANIAL HEMORRHAGE
Due to: DIFFICULT LABOR
Due to: BIRTH OF DECEASED
Other conditions: ✓
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: None
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: C. L. Clark, M.D. (M. D. or other)
Address: 900 1/2 Main St. Date signed: 9/13/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.