

FILED NOV 6 1948

Registration District No. 49

Primary Registration District No. 1002

Registrar's No.

4252

## 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:  
3420 Benton (Mrs. Jordan's Rest Home)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 yr. 7 mos. 4  
 (Specify whether  
 years, months or days) 1

3. (a) PRINT FULL NAME ELLA M. TATE

3. (b) If veteran, name war no 3. (c) Social Security No. 496-09-1383

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, 2 divorced, widowed  
 6. (b) Name of husband or wife James T. Tate 6. (c) Age of husband or wife if alive 7 years  
 7. Birth date of deceased February 7 1873  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 8 10 hr. min.

9. Birthplace La Plata Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business

12. Name Jefferson Lee

13. Birthplace -- not known  
 (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace " "  
 (City, town, or county) (State or foreign country)

16. (a) Informant Leon V. Tate

(b) Address 6400 Hagerwood Road

17. (a) removal (b) Date thereof 10-19-1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata, Missouri

18. (a) Signature of funeral director BENTLEY MORTUARY

(b) Address 5811 Troost

19. (a) 10-19-48 (b) Geraldine Holmes  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 61  
 (c) City or town La Plata 2  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. 1  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Oct. 17 1948 to time of death  
 that I last saw h. or alive on Oct 17 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration 3 wks  
 Due to Fractured Hips 6 mos

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1948

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) accident 1 2 3  
 (b) Date of occurrence 6 months ago  
 (c) Where did injury occur B. C. Jackson, Mo.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Rest home (Specify type of place)  
 While at work? Leo M. Miller means of injury fall  
 23. Signature Leo M. Miller (M. D. or other) md  
 Address 3548 Indiana Date signed 10-19-48

---

---

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 Guy Buffington  
Licensed Embalmer No. 3756  
P. O. Address K 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..