18437

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 4731

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Warrenton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Katie Jane Memorial Home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks 1 (Specify whether
In this community years, months or days) Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70
(c) City or town Mineola 8 (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline Tate

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

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Andy Brown Tate
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec. (Month) 26 (Day) 1872 (Year)

8. AGE: Years 76 Months 3 Days 22 If less than one day hr. min.

9. Birthplace Montgomery County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George Hubbard
13. Birthplace Montgomery County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Lucrecia Taylor
15. Birthplace Montgomery County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant [illegible]
(b) Address 3936 McRee St. Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1949 (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cemetery
18. (a) Signature of funeral director Schlefeker Mortuary
(b) Address Montgomery City Missouri
19. (a) 4-26-49 (Date received local registrar) (b) Floyd Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1949 hour 12:PM minute 0 M.

21. I hereby certify that I attended the deceased from March 29, 1949, to April 21, 1949; that I last saw her alive on April 21, 1949; and that death occurred on the date and hour stated above.

Immediate cause of death: Gastric Hemorrhage Cause undetermined — Duration 2 days
Due to Myocarditis Chronic Hypertensive Cardiovascular — [illegible]
Due to Renal disease — [illegible]
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 4-22-49

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAY 20 1949

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 E. Brown Schlaudecker

Licensed Embalmer No. 4136

P. O. Address Montgomery City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.