

Registration District No. 744

Primary Registration District No. 3035

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Richmond Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community all his life
years, months or days)

3. (a) PRINT FULL NAME Elmer Cates

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Daisy Grace Cates 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 8 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 6
If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name John Calvin Cates

13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Sales

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

16. (a) Informant Edward Cates

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Dec. 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director Thurman

(b) Address Richmond Mo.

19. (a) Dec. 15, 1941 (b) M. A. L. G. G. G.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1941 hour 7. minute 18. A.M.

21. I hereby certify that I attended the deceased from 12-1 1941 to 12-14 1941
that I last saw him alive on 12-14-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension
Due to arteriosclerosis

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 D

23. Signature H. M. Smith (M. D. or other) M. D.
Address Richmond Date signed 12-14-41

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

RECEIVED

District Health Officer No. 8,

1-14-42

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, *W. H. H. H.*

....., Registered Apprentice No.
working under my personal supervision.

Signed *W. H. H. H.*

Licensed Embalmer No. 2073

P. O. Address. Richmond 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.