

S. No. 2
M-5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18441

FILED JUN 14 1947

State File No. _____

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sante Fe. R.R. Tracks-Camden Crossing
(If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution 45 years
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond
(If outside city or town limits, write "RURAL")

(d) Street No. South Thornton
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James (n) Cates

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1947 hour 8:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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 March 24, 1902
(Month) (Day) (Year)

Immediate cause of death Hit by a train, decapitation

Due to _____

Due to _____

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

8. AGE: Years 45 Months 2 Days 7 If less than one day _____ hr. _____ min.

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Miner

11. Industry or business _____

12. Name Joseph Cates

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

14. Maiden name Catherine Campbell

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

16. (a) Informant Mrs. Josephine Sullenger

(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof 6/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Quest-Lile F.H.

(b) Address Richmond, Mo.

19. (a) June 3, 1947 (b) Malch Jackson
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence May 31, 1947

(c) Where did injury occur? Richmond Ray mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Railroad right of way
(Specify type of place)

While at work? No (c) Means of injury Train

23. Signature J. B. Baber coroner
(M. D. or other)

Address Richmond Mo Date signed 6-2-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-13-47

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 *George H. Hill*

Licensed Embalmer No. 4060

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.