

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D JUN 9 1938

3
117450
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
 (b) Township Kaw
 (c) City Kansas City, Mo.
 (e) Length of residence in city or town where death occurred

Registration District No. 394
 Primary Registration District No. 1002

Registered No. 2147
 St.

(d) Street No. Abernathy Furniture Co
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles H. Bateman
 (a) Residence, No. 3701 East 25th Street St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte Bateman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1883
 7. AGE YEARS 55 MONTHS 4 DAYS 0 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Shipping
 9. Industry or business in which work was done, as saw mill, bank, etc. Clerk for Abernathy Furn. Co
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Charles Bateman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) Charlotte Bateman
3701 East 25th Street
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 26, 1938
 19. FUNERAL DIRECTOR (ADDRESS) R. V. Lindsey & Sons
3811 Broadway
 20. FILED May 25 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1938
 22. I HEREBY CERTIFY, That I attended deceased from March 14, 1938, May 23, 1938
 I last saw him alive on May 23, 1938 Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
95 B?
 Other contributory causes of importance:
Hypertension - Cardiac
Obstruction - Previous
Coronary Artery
 Name of operation Arteriotomy Date of Arteriotomy
 What test confirmed diagnosis? Arteriotomy Was there an autopsy? NO
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Arteriotomy Date of injury May 24, 1938
 Where did injury occur? Arteriotomy (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Arteriotomy
 Nature of injury Arteriotomy
 24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify Arteriotomy
 (Signed) Ralph Perry M. D.
 (Address) 4800 E 24

Dr. Ralph Perry
4800 E 24th St
Phoenix, AZ 85018

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)