

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25535

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson (b) Township Prairie (c) City Jackson (d) Street No. 400 (If death occurred in Hospital or Institution, write its name instead of street and number) (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registration District No. 400

Primary Registration District No. 5553 B

Registered No. 137

2. PRINT FULL NAME

(a) Residence, No. John Bates Jackson Co. Home St. 321 (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1854

7. AGE YEARS 83 MONTHS 6 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Night Watchman 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Berlington (STATE OR COUNTRY) Iowa

13. NAME William Bates 14. BIRTHPLACE (CITY OR TOWN) Eric (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Selenida Newton 16. BIRTHPLACE (CITY OR TOWN) Jackson County (STATE OR COUNTRY)

17. INFORMANT Ernest Jackson (ADDRESS) (Ram)

18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn DATE July 6 1938

19. FUNERAL DIRECTOR Cato & Sons (ADDRESS) Independence Mo

20. FILED July 6 38 William J. Fields Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1938

22. I HEREBY CERTIFY, that I attended deceased from 6-15 1938, to 7-4 1938

I last saw him alive on 7-4 1938 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Senile debility Date of onset 162

Other contributory causes of importance:

Name of operation Chin Date of Chin

What test confirmed diagnosis? Chin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. H. Green M. D.

(Address) Independence

STATEMENT BY LICENSED EMBALMER

I, Roland P. Spraks, Licensed Embalmer No. 3604
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self
L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Roland P. Spraks
Licensed Embalmer No. 3604

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.)