

DEC DAUG 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25764
Do not fill this space.

1. PLACE OF DEATH
(a) County Lawrence Registration District No. 447
(b) Township Aurora Primary Registration District No. 4280
(c) City Aurora Mo. (d) Street No. 101 West Church St.
(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.

2. PRINT FULL NAME George K Bates
(a) Residence, No. 202 East College 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Loise Bates</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 25 1860</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Ry Engineer</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Frisco Ry</u>			
	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) <u>Wis</u>				
FATHER	13. NAME <u>H K Bates</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Adama</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Conn.</u>			
17. INFORMANT <u>Mrs. Louise Bates</u> (ADDRESS) <u>Aurora Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Park</u> DATE <u>July 31 1938</u>				
19. FUNERAL DIRECTOR (NAME) <u>King Funeral Home</u> (ADDRESS) <u>Aurora Missouri</u>				
20. FILED <u>8-9</u> 19 <u>38</u> <u>R.H. Cowan, info</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>July 28 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>July 19</u> , 19 <u>38</u> , to <u>July 26</u> , 19 <u>38</u> I last saw him alive on <u>7/26/38</u> Death is said to have occurred on the date stated above, at <u>7</u> am. The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis</u> <u>Coronary Thrombosis</u> <u>93C</u>	
Date of onset <u>1935</u> <u>7/28/38</u>	
Other contributory causes of importance:	
Name of operation <u>None</u>	Date of.....
What test confirmed diagnosis <u>Cholera</u> Was there an autopsy? <u>No</u>	
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? <u>No</u> If so, specify..... (Signed) <u>Dr. Kenneth L. Haly</u> M. D. (Address) <u>16 E. Locust St.</u> <u>Aurora, Mo.</u>	

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

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.

AUG 26 1933

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 J. F. King

Licensed Embalmer No. 3925

P. O. Address Merora, 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, above space should be left blank.