

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

38417
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson | Registration District No. 299
 (b) Township Kan | Primary Registration District No. 1002 Registered No. 4651
 (c) City Kansas City | (d) Street No. Mercy Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 320 Viola Mae Bates St. Lees Summit Mo.
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 1 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓ none
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lees Summit Mo
R.F.D.

FATHER 13. NAME Benjamin Bates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unable R.F.D Mo

MOTHER 15. MAIDEN NAME Stella Cameron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett Mo

17. INFORMANT (NAME) (ADDRESS) Benjamin Bates Lees Summit Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cantrell Mo DATE Dec 1, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fields James Lees Summit Mo

20. FILED Nov 30, 1938 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1938, to Nov 30, 1938

I last saw h. & y. alive on Nov 30, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Bilateral Broncho pneumonia Date of onset 11/25

Other contributory causes of importance:

Bilateral Otitis Media ?

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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? _____

If so, specify _____

(Signed) H. M. Sulley _____, M. D.
 (Address) 1316 P. and Blvd
Lees Summit

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.