

REC'D APR 19 1939

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

10529

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 148
(b) Township Fidelity Primary Registration District No. 3011
(c) City Excelsior Springs Mo (d) Street No. _____ 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 8 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Elizabeth Bates

(a) Residence, No. 436 S. Broadway St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allen M. Bates
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 67 11 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Brookfield Mo13. NAME John McArthur14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Pike Co Ky15. MAIDEN NAME Diene Christfield16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Claiborn Co. Tenn17. INFORMANT (ADDRESS) Ronald A. Bates Excelsior Springs Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE Mar 17 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Priebar Excelsior Springs Mo.20. FILED 9-17-1939 Home McCrackin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1930 to 3/15 - 1939
I last saw her alive on 3/15 - 1939. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

cortic heat disease
arteriosclerotic heart

Date of onset

Mar 1939

Other contributory causes of importance:

Hypertension

Jan 1930

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

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. none

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) H. J. Clark M. D.(Address) Excelsior Springs Mo.

WRITE PLAINLY, WITH UNFADING 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.

DOM-1-1-38
I X14023

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4/3/39

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,

Claude Prichard

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Claude Prichard*

Licensed Embalmer No. 2757

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.