

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

11577

Do not use this space.

APR 19 1939

1. PLACE OF DEATH

(a) County Miller Registration District No. 561  
(b) Township Franklin Primary Registration District No. 3756  
(c) City Rockey Mount (d) Street No. 21  
(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 John Wesley Bates

(a) Residence, No. 320 (Usual place of abode, if no street address, write county or city) SL ☐ (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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hettie Bates  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1868  
7. AGE YEARS 71 MONTHS 0 DAYS 22 If LESS than 1 day, .....hrs. or .....min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Texas

13. NAME Ben Bates  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Carl Bates  
Rockey Mount, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE 3-19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phillips Funeral Home  
Eldon, Missouri

20. FILED 3-19 1939 Belle Haynes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/18 1939, to 3/19 1939.  
I last saw him alive on 3-18 1939. Death is said to have occurred on the date stated above, at 12:30 A. M.  
The principal cause of death and related causes of importance were as follows:

arterial hemorrhage  
my first vessel torn  
due to that it  
was 6 or 8 years

Other contributory causes of importance: arterial hemorrhage

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify (Signed) at Phillips Funeral Home  
Eldon Mo.

RECEIVED

Miller County Health Dep't.

County File Number 39-38

Date Filed 4-12-39

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, .....

W. A. Phillips, or by .....

Registered Apprentice No. 1187, working under my personal supervision.

*Mr Phillips states that he did not embalm this body that he didnt notice what he was signing until later. B.H.*

Signed

*W. A. Phillips*

Licensed Embalmer No. 1187

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.