

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.

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

21983
 Do not use this space.

1. PLACE OF DEATH

(a) County Wentworth Registration District No. 266
 (b) Township Wathness Primary Registration District No. 5398
 (c) City Recrema Route 1 Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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. Herry Bates St. (If nonresident, give city or town and State)
Recrema Route 1 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>72</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation
	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)	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Suffolk England</u>	
FATHER	13. NAME <u>Geo. Bates</u>	4
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	4
MOTHER	15. MAIDEN NAME <u>Mary Brewer</u>	4
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT (ADDRESS) <u>Larry Bates</u> <u>Recrema</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Recrema</u>	DATE
		<u>June 6 1939</u>
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. J. [unclear]</u> <u>Recrema</u>		
20. FILED _____ 19 _____ <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 1939

22. I HEREBY CERTIFY, That I attended deceased from June 6 1939 to June 5 1939
 I last saw him Suburban Hospital Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Cardiovascular renal disease
 Date of onset 20th Nov

Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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) L. Mitchell, M. D.
 240 (Address) Recrema

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.

STATEMENT BY LICENSED EMBALMER
REGISTERED APPRENTICE NO.
LICENSED EMBALMER NO.
P. O. ADDRESS

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

21983
Do not use this space.

1. PLACE OF DEATH
 (a) County Dent Registration District No. 266
 (b) Township Watsons Primary Registration District No. 5378
 (c) City..... (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Bates
 (a) Residence, No. Leona mo 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 m
 4. COLOR OR RACE w
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

7A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72

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) Suffolk
 (STATE OR COUNTRY) England

FATHER 13. NAME Geo Bates

14. BIRTHPLACE (CITY OR TOWN) England
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Rogers

16. BIRTHPLACE (CITY OR TOWN) England
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Local Registrar
Leona mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rhea DATE 6-6, 1939

19. FUNERAL DIRECTOR (ADDRESS) Null & Sons
Rolla mo

20. FILED July 30, 1939
F. E. Butler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5-39

22. I HEREBY CERTIFY, That I attended deceased from 6-1-39 to 6-5-39
 I last saw him alive 6-1-39 Death is said to have occurred on the date stated above, at 12:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Cardiovascular Disease
 Other contributory causes of importance: none

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) S. L. Mitchell, M. D.
 (Address) Rolla mo

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

EXPIRES

