

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

29082  
Do not use this space.

DEC'D SEP 6 1939

1. PLACE OF DEATH  
 (a) County Franklin Registration District No. 293  
 (b) Township 1 Primary Registration District No. 4177  
 (c) City Pacific (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. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herbert Bates  
 (a) Residence, No. \_\_\_\_\_ Pacific, 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Glory Thomas Bates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1915

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
24	6	28	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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) Washington, Missouri  
 (STATE OR COUNTRY)

FATHER 13. NAME George Bates  
 14. BIRTHPLACE (CITY OR TOWN) Lincoln County Mo  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Emma Barnes  
 16. BIRTHPLACE (CITY OR TOWN) Franklin County Mo  
 (STATE OR COUNTRY)

17. INFORMANT Mr. George Bates  
 (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Washington, Mo. DATE Sept 4, 1939

19. FUNERAL DIRECTOR (NAME) Otto & Co.  
 (ADDRESS) Washington, Mo.

20. FILED 9-10-39 Mary B. Moss  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1939

22. I HEREBY CERTIFY, that I attended deceased from July 26 1939 to Sept 2nd 1939  
 I last saw him alive on Aug 24 1939 Death is said to have occurred on the date stated above, at 2 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Myocardial Infarction  
Pulmonary  
 Date of onset July 19th 1939

Other contributory causes of importance: None

Name of operation None 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? None 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 None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_  
 (Signed) Wm. E. Patton, M. D.  
 (Address) Pacific - 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.

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**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.**