

STANDARD CERTIFICATE OF DEATH

42447

State File No. _____

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4856**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2120 Pennway**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days +**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **OSCAR W. C. BATES**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **8** years
7. Birth date of deceased **June 1884**
(Month) (Day) (Year)

8. AGE: Years **55** Months **6** Days **16** If less than one day hr. min.

9. Birthplace **Kansas City** **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Porter**

11. Industry or business **miscellaneous**

12. Name **John S. Bates**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Elizabeth Douglas**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Ed Sherman**

(b) Address **3302 Virginia**

17. (a) **Maple Hill** (b) Date thereof **Dec 26-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill**

18. (a) Signature of funeral director **F. W. Wagner**

(b) Address **Kansas City, MO**

19. (a) **Dec 25 1939** (b) **MM**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2120 Pennway**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **24th**
year **1939** hour **8** minute **40 P. M.**

21. I hereby certify that I attended the deceased from **20**, to **Dec 24**, 1939;
that I last saw him alive on **Dec 24**, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia** **2 days**
Due to **acute & chronic alcoholism**

Due to **\$5**

Other conditions **Epilepsy**
(Include pregnancy within months of death)

Major findings: Of operations **X**

Of autopsy **X**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **X**

(b) Date of occurrence **X**

(c) Where did injury occur? **X**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **X** (Specify type of place) (e) Means of injury **V**

23. Signature **Ed Sherman** (M. D. or other) **MD**

Address **3302 Virginia** Date signed **2/25/39**

1939
8-8

84

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 A. R. Haunschild

Licensed Embalmer No. 4062

P. O. Address K. C. Mo.

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.