

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

43185

Do not use this space.

**1. PLACE OF DEATH**

*JAN 13 1940*

(a) County Cooper Registration District No. 271  
 (b) Township Otterville Primary Registration District No. 4187  
 (c) City Otterville (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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 355 La Fayette Bateman St.   
Otterville, Mo. (Usual place of abode, if no street address, write county or city) (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Lee Bateman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 10 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 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 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds, Illinois

13. NAME Elijah Bateman

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

15. MAIDEN NAME Cora Brewer

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

17. INFORMANT (ADDRESS) Mr. L. F. Bateman  
Otterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Otterville, Mo. DATE 9-6-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parker Funeral Service  
Otterville, Mo.

20. FILED 730 1939 Edith Loge  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-39

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Aug 29, 1939  
 I last saw him alive on Aug 26, 1939. Death is said to have occurred on the date stated above, at 3 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Heart Disease  
92W  
 Other contributory causes of importance Syphilis prostate  
 Date of onset 1935  
1937

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Yes 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? Yes  
 If so, specify \_\_\_\_\_  
 (Signed) Edith Loge M. D.  
1939 (Address) Otterville, 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.

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.....

*myself*  
.....  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed *L. F. Parker*  
.....

Licensed Embalmer No. *3840*  
.....

P. O. Address *Atterville, Mo*  
.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con  
with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**