

Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution XXX (Specify whether
In this community lost of her life
years, months or days) 320

8. (a) PRINT FULL NAME Myrtle Minnie Bates

8. (b) If veteran, name war XX 8. (c) Social Security No. XXX

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Oscar Bates 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Mar 11, 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Washington Co (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business xxx

12. Name Ike McKeathen
13. Birthplace Altona Penn (City, town, or county) (State or foreign country)
14. Maiden name Delilah Whitecotton
15. Birthplace Washington (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrtle Bates
(b) Address Salem Mo

17. (a) Burial (b) Date thereof 1/4/80
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROSS Cem

18. (a) Signature of funeral director Carl K. Spencer

(b) Address Salem Mo

19. (a) January 4, 1940 (b) F. E. Butler M.D.
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. XXX
(If rural, give location)
(e) If foreign born, how long in U. S. A? xxx years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 11, 1939 to Jan 2, 1940
that I last saw him alive on Jan 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery
Due to unknown

Due to 46

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) ---
(b) Date of occurrence ---
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury ---

23. Signature Flora H. Hunt M.D. (M. D. or other)
Address Salem Mo Date signed 1/4/40

Duration

3 or 4 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

RECEIVED
District Health Officer No. 5,
District File Number. 240 182
Date Filed 2740

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem 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.