

S. No. 2
-11-10-39
P. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10-154

FILED APR 8 1940

73

Registration District No.

Primary Registration District No. 3006

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mayer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Galilee Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 915 W Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME CLINTON CLARKSON BATEMAN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Paula Wuffen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 3 1897
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Columbia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Electrician

11. Industry or business and Govt. Service

12. Name Monroe Bateman
13. Birthplace Boone Mo
(City, town, or county) (State or foreign country)

14. Maiden name Alice Buckton
15. Birthplace Boone Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clinton Bateman
(b) Address 915 W Broadway Columbia

17. (a) Burial (b) Date thereof 3-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cem

18. (a) Signature of funeral director Barbara
(b) Address Columbia Mo

19. (a) 3/20/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15
year 1940 hour 11 minute 5 P M
21. I hereby certify that I attended the deceased from Jan 15
1940 to Mar 15 1940
that I last saw him alive on Jan 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myo Carditis Duration _____

Due to Mitral Regurgitation

Due to endocarditis following influenza

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: Of operations 920

Of autopsy _____

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 Lloyd Simpson (M. D. or other) 1
Address 201 Blum Columbia Mo Date signed 3/20/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
3
4

1956
MAY 3 11AM

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. 41321

P. O. Address Columbia, 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.