

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14176

State File No. _____

Registration District No. 1542

Primary Registration District No. 3002

Registrar's No. 48

1. PLACE OF DEATH:

(a) County ANDRAIN
(b) City or town Mexico
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs.
(Specify whether years, months or days)
In this community 7 yrs.

8. (a) PRINT FULL NAME

Thos. Jefferson Bates

8. (b) If veteran,

name war _____

8. (c) Social Security

No. _____

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

Elizabeth PARRENT

6. (c) Age of husband or wife if

alive 23 years
(Month) (Day) (Year)

7. Birth date of deceased

MAR. 23. 1847
(Month) (Day) (Year)

8. AGE:

Years

93

Months

1

Days

1

If less than one day

hr. min.

9. Birthplace

Brownsville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired FARMER

11. Industry or business

MOTHER FATHER

12. Name

CYRENES BATES

13. Birthplace

Ohio
(City, town, or county) (State or foreign country)

14. Maiden name

EMILIE BROWN
(City, town, or county) (State or foreign country)

15. Birthplace

Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Blanche Lawrence

(b) Address

415 N. Clark Mexico, Mo.

17. (a)

BURIAL

(b) Date thereof

APR 25, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation

ANXVASSE, MO.

18. (a) Signature of funeral director

Wm. G. Maupin

(b) Address

700 Lomb St. Fulton, Mo.

19. (a)

April 25, 1940

(b) (Registrar's signature)

Blanche Kelly

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ANDRAIN
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 415 N. CLARK
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th
year 1940 hour One minute 15 P. M.

21. I hereby certify that I attended the deceased from January 20, 1940, to April 19, 1940,
that I last saw him alive on April 19, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degeneration
Myocarditis (Inanition)

Duration

Due to Senility

Due to ASC

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

No operation

Of operations

Of autopsy

No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) NO
(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? 23
(Specify type of place) (e) Means of injury _____

23. Signature

J. F. Harrison

(M. D. or other)

Address

Mexico, Mo.

Date signed 4-24-40

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.....

John D. Batchelder....., Registered Apprentice No. 192
working under my personal supervision.

Signed.....

Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.