

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
3641 Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
In this community Unknown line 1933
years, months or days

3. (a) PRINT FULL NAME Mrs. Margaret Bateman, 355

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank Bateman 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased October 14th 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 24 hr. min.

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

10. Usual occupation at home

11. Industry or business X

12. Name Joseph Plumaclue

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

14. Maiden name Unknown

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

16. (a) Informant Miss Myrtle Bateman

(b) Address 3641 Broadway, Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Toledo, Ohio.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) May 8, 1940 (b) M. M. Crowe
(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. 3641 Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th,
year 1940, hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from June 1
1938 to May 8, 1940
that I last saw him alive on May 7, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis

Due to Atherosclerosis Duration 2 yrs. + 15 yrs.

Due to 95 C
Other conditions 95 C
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of 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)
(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 H. Wakefield (M. D. or other) M.D.
Address 406 W. 34 Date signed 5/8/40

Dr. Frank Wakefield.

12 October
Wed, Oct 12/64

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. 1410

P. O. Address 11, C. 1, 1/2

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.