

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

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.

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **K. C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 days**
(Specify whether **19 yrs.**)

In this community **19 yrs.**
years, months or days

3. (a) PRINT FULL NAME **BATES, Jesse C. 320**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **439-01-6463**

4. Sex **M** 5. Color or race **KU**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ethel Bates** 6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **March 29 1902**
(Month) (Day) (Year)

8. AGE: Years **38** Months **1** Days **10** If less than one day
hr. min.

9. Birthplace **Normandy Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cook**

11. Industry or business **1**

MOTHER FATHER { 12. Name **John G. Bates**

13. Birthplace **Normandy Tenn**
(State or foreign country)

14. Maiden name **Katie Huffer**

15. Birthplace **Estil Springs Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Ben Huffer**

(b) Address **Records Bm**

17. (a) **Burial** (b) Date thereof **5/11/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Marys**

18. (a) Signature of funeral director **L. H. ...**

(b) Address **Linnwood ...**

19. (a) **May 10, 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. **1235 Penn**
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9th**
year **1940** hour **11** minut **30** A. M.

21. I hereby certify that I attended the deceased from **5-1-40**, 19, to **5-9-40**, 19;
that I last saw him alive on **5-9-40**, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Post operative upper left quadrant incision with necrotizing cellulitis**

Due to **Diaphragmatic hernia**

Due to _____

Other conditions **Toxic myocarditis; hemorrhagic nephritis; peritonitis**

Major findings: _____
Of operations _____

Of autopsy **See above**

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 **1**

28. Signature **P. De ...** (M. D. or other) _____
Address **Supt. K. C. Gen/Hospital, K. C.** signed _____

Duration _____

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.

Signed.....

W.A. Jirik

Licensed Embalmer No.

3634

P. O. Address.....

30 W. Lincoln

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.