

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18662

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little Blue
(c) Name of hospital or institution: Jackson County Eng. Hsp.
(d) Length of stay: In hospital or institution 3 days
In this community 3 days
years, months or days

8. (a) PRINT FULL NAME

MRS. BERTIE A. BATES

3. (b) If veteran,

name war.

none

3. (c) Social Security

No.

none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Cliff D. Bates

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased

August 20, 1914
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

25

9

7

hr.

min.

9. Birthplace

Howell Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

at home

11. Industry or business

12. Name

Thomas L. Peterson

13. Birthplace

No record Missouri
(City, town, or county) (State or foreign country)

14. Maiden name

Audrey Holloway

15. Birthplace

Howell Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant

Cliff D. Bates

(b) Address

Route #3 Box 495

17. (a)

removal

(b) Date thereof

5/29/40
(Month) (Day) (Year)

(c) Place: burial or cremation

West Plains, Mo.

18. (a) Signature of funeral director

George E. Carson

(b) Address

Independence, Mo.

19. (a)

5/28/40

(b)

Card, E. Evans
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence, Mo. (Rural)
(d) Street No. Route #3 Box 495
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month May day 27

year 1940

hour 8:55

minute

seconds

W.A.

M.

21. I hereby certify that I attended the deceased from

5-24

1940, to 5-27, 1940

that I last saw her alive on 5-27, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

terminal Hypertensive Bronchopneumonia

1 day

Due to Congestion of Lung

Due to Access of gum

Other conditions Hemorrhage of lung

(Include pregnancy within 3 months of death)

" 2 bowel

Major findings: none

Of operations none

Of autopsy as above

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

(e) Means of injury

23. Signature of physician

Hubert Johnson

Address Jackson Co. Hospital

Date, signed 5-27-40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18662**

Registrar's No. **107**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **400**

Primary Registration District No. **45-83 13**

1. PLACE OF DEATH:

- (a) County **Jackson T. P.**
(b) City or town **Prarie T. P.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Mrs Bertie Baten**

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

4. Sex **7** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years **25** Months **9** Days **7** If less than one day min.

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

10. Usual occupation.

11. Industry or business.

12. Name.

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

14. Maiden name.

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

16. (a) Informant.

- (b) Address.

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

- (c) Place: burial or cremation.

18. (a) Signature of funeral director.

- (b) Address.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. (b) County.

- (c) City or town. (If outside city or town limits write "RURAL")

- (d) Street No. (If rural, give location)

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

20. DATE OF DEATH Month **May** day **27** year **1940** hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

- that I last saw him alive on 19

- and that death occurred on the date and hour stated above.

- Immediate cause of death **Acute Pulmonary**

- Edema terminal Hypostatic**

- Pneumonia (Broncho**

- Due to **Caritation of lung**

- Due to **abscess of gum**

- Other conditions **Removal of lung**

- (Include pregnancy within 3 months of death)

- Major findings: **2 foreign**

- Of operations.

- Of autopsy **Lung biopsy**

- secondary to Gum abscess**

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 **Frank E. Keherne** (or other)

- Address **Little Blue** Date signed

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

ROWENA MCCOY

SUPPLEMENTARY

