

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - 1333 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 yrs.
years, months or days)

8. (a) PRINT FULL NAME DOROTHY RUBY BATES

8. (b) If veteran, no name war
3. (c) Social Security No. none

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 17 - 1923
(Month) (Day) (Year)

8. AGE: Years 17 Months 4 Days 2 . If less than one day
hr. _____ min.

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

10. Usual occupation Student

11. Industry or business High School

12. Name Leonard Ruby

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

14. Maiden name Rosa Smith

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

16. (a) Informant Rosa Bates Mother

(b) Address 1333 Paseo

17. (a) Burial (b) Date thereof 1-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery K.C. Mo

18. (a) Signature of funeral director Elymus + Greenstreet

(b) Address 1819 E. 15th K.C. Mo

19. (a) Jan 24, 1941 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1333 Paseo
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19th
year 1941 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 16, 1941 to Jan 19, 1941;
that I last saw him alive on Jan 19, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia Duration _____

Due to 108

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 0

23. Signature L. V. Miller (M. D. or other) _____

Address 1203 Paseo Date signed 1-23-41

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.....

Edw. J. Evans

Licensed Embalmer No..... *3836*

P. O. Address..... *1815 N. 10th St.*

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.