

FILED MAR 14 1941

Registration District No. 299

Primary Registration District No. 1002

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

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: St. Luke's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 Days
 In this community 11 Days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harvey C. BATEMAN
 (b) If veteran, name war No
 (c) Social Security No. No

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Eura Bateman
 (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased June 11, 1886
 (Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 16
 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER {
 12. Name Theodore Bateman
 13. Birthplace Rock Island, Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Sara E. McDowell
 15. Birthplace Clarksburg, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eura Bateman

(b) Address Lamar, Missouri

17. (a) Removal (b) Date thereof 2/27/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamar Missouri

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 2/27/41 (b) M. M. Crow
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Lamar Missouri
 (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.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 27th
 year 1940 hour 2 minute 30 A.M.
 21. I hereby certify that I attended the deceased from _____ 19____
 that I last saw him _____ alive on _____ 19____
 and the death occurred on the date and hour stated above.

Immediate cause of death
fracture 6th Cervical Vertebrae
 Due to Accident
 Other conditions Pneumo Pneumonia
 (Include pregnancy within 3 months of death)
Gangrene Esophagus
 Major findings:
 Of operation _____
 Of autopsy See above

Duration
4
6
5
11
 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) Car fall on him
 (b) Date of occurrence Feb 26 1941
 (c) Where did injury occur? Lamar Mo RFD
 (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)
 (a) Means of injury Car fall on him
 23. Signature M. M. Crow (M. D. or other)
 Address Lamar Mo Date signed 2/27

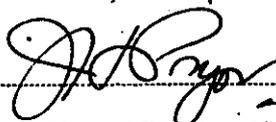
STATEMENT BY LICENSED EMBALMER

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. 267

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2999

P. O. Address..... KC

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.