

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9522**  
Registrar's No. **931**

Registration District No. **2**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(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: **St. Luke's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days**  
(Specify whether  
In this community **8 years**  
years, months or days)

3. (a) PRINT FULL NAME **Miss Myrtle F. Bateman**

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 **Single**

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

7. Birth date of deceased **October 22nd 1881**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **4** Days **15** If less than one day, hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

12. Name **Frank W. Bateman**  
13. Birthplace **Michigan**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Plumaclug**  
15. Birthplace **Michigan**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Bateman**  
(b) Address **3641 Broadway, K. C., Mo.**

17. (a) **Removal** (b) Date thereof **3-6-41**  
(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) **3/6/41** (b) **M. M. Brown**  
(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.** **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6th**,  
year **1941** hour **12:20** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 2nd 1941** to **March 6 1941**  
that I last saw her alive on **March 6 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Staphylococcus Septicemia**

Due to

Due to

Other conditions **240**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy **as above**

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?  
**361** (Specify type of place)  
While at work? (e) Means of injury **5**

23. Signature **James C. Walker** (M. D. or other)  
Address **1424 Progress Bldg** Date signed **3-6-41**

Dr. J. C. Walker, Professional Bldg.,

2 Rm.

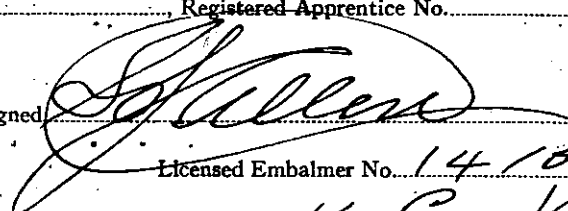
# STATEMENT BY LICENSED EMBALMER

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. 1418

P. O. Address 15, C. Mo

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, fact should be so stated above.