

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

Registration District No. 213 Primary Registration District No. 3014

1. PLACE OF DEATH:  
(a) County: Cole  
(b) City or town: Jefferson City  
(c) Name of hospital or institution: St. Mary's Hospital  
(d) Length of stay: In hospital or institution.  
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Cole 26  
(c) City or town: Jefferson City 3  
(d) Street No.: 1514 St. Marys  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME: Maynard D. Bates  
3. (b) If veteran, name war: No.  
3. (c) Social Security No.:

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: May 8 day 8  
year: 1941 hour: 8 minute: P M.  
21. I hereby certify that I attended the deceased from May 8/41  
to May 10/41  
that I last saw him alive on May 10/41  
and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: Wh  
6. (a) Single, widowed, married, divorced, child  
6. (c) Age of husband or wife if alive: years

Immediate cause of death: Premature  
Duration

7. Birth date of deceased: May 8 1941  
(Month) (Day) (Year)

Due to: 15 1/2

8. AGE: Years Months Days If less than one day  
8 hr. min.  
9. Birthplace: Jefferson City Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Child  
11. Industry or business:  
12. Name: Fannie M. Bates  
13. Birthplace: Stafford County, Kansas  
14. Maiden name: Fannie B. Wood  
15. Birthplace: California Mo.  
(City, town, or county) (State or foreign country)

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

Major findings: Of operations: Premature Caesarian section  
Of autopsy: on deformed mother  
PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant: Fannie M. Bates  
(b) Address: 1514 St. Marys  
17. (a) Burial (b) Date thereof: 5-8-41  
(c) Place: burial or cremation: California City Cemetery  
18. (a) Signature of funeral director: Fannie  
(b) Address: 700 Jefferson  
19. (a) 5/12/41 (b) [Signature] form. 11  
(Date received local registrar) (Registrar's signature)

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) (Specify type of place) (Specify type of place)  
(f) Means of injury:  
23. Signature: J. B. [Signature] (M. D. or other) [Signature]  
Address: Jefferson City Date signed

*Dr. Bunn*

*Handwritten notes and scribbles, possibly including a name like "C. B. ..."*

**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.

*Body Was Not  
Embalmed*

Signed.....

*L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address.....

*Jefferson City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.