

Registration District No. **56**

Primary Registration District No. **5087**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Bates** **Walnut Twp.**  
(b) City or town **Near Worland Missouri**  
(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 \_\_\_\_\_  
In this community **9 years 3** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates** **007**  
(c) City or town **Worland Missouri-Walnut Twp.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME **George Robert McBath**

3. (b) If veteran, **X** name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased **Mar. 20 1932**  
(Month) (Day) (Year)

8. AGE: Years **9** Months **3** Days **22**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **student**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Max Mc Bath**

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

14. Maiden name **Iva Mc Bath**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Iva Mc Bath**

(b) Address **Worland Missouri**

17. (a) **Burial** (b) Date thereof **Jul. 14/81**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hume Cemetery**

18. (a) Signature of funeral director **Booth Funeral Home**

(b) Address **Butler Missouri**

19. (a) **July 19, 41** (b) **MTS Nora Cobb**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **12**  
year **1941** hour **NOON** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **NO** to **NO** 19\_\_\_\_; that I last saw him alive on **NO** 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **Accidental Drowning**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **1937**

Major findings: Of operations **3/4**

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accidental**

(b) Date of occurrence \_\_\_\_\_ **067**

(c) Where did injury occur? **Near Worland Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Slip out on coal Co property**  
(Specify type of place) (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) **3**

Address **Corner Bates Co.**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

AUG 15 1941

AUG 15 1941

RECEIVED  
District Health Officer No. 7,  
District File Number *84411302*  
Date Filed *8/12/41*

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 *John G. Henderson*  
Licensed Embalmer No. *3585*  
P. O. Address *Butler 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.