No. 2
-13-40
17-39
X23159

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

FILED AUG 1 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25751

Registration District No. 636 Primary Registration District No. 5844 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town ~~Alton~~ Piney Twsp.
(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 /
(Specify whether
In this community 50 years /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 45

(c) City or town Alton 0
(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.? 0 years.

3. (a) PRINT FULL NAME Amanda Caroline Bates

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sterling Bates

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Feb. (Month) 12 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	3	1	hr. min.

9. Birthplace Mercer County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Benjamin Bryan
13. Birthplace / (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ? (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Don Bates
(b) Address Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/41 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Mo. Smith Cem.

18. (a) Signature of funeral director Lee Carr
(b) Address Thayer Mo.

19. (a) June 12 1941 (Date received local registrar) (b) Enoch Bailey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1941 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from April the first 1941, to May 13 1941;
that I last saw her alive on May 12 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death General infermatis

Due to Old age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? farm Home
(Specify type of place)
While at work? (e) Means of injury none

23. Signature G B Forest (M. D. or other) D
Address Alton Mo Date signed

5 66 (Licensed Embalmer's Statement on Reverse Side) Fored.

RECEIVED
District Health Officer No. 5.
District File Number 741777
Date Filed

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 Leo Carr

Licensed Embalmer No. 285-2

P. O. Address Thayer - Mo.

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

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

S. No. 2B
M—8-21-41
I X29288

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25751

Registration District No. 636 Primary Registration District No. 5844 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Piney twp (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 at Home (Specify whether

In this community ~~50 yrs~~ Several Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Oregon

(c) City or town Alton (If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country Oregon

3. (a) PRINT FULL NAME Amanda C. Bates

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address ~~[illegible]~~

19. (a) May 3. 1941 (Date received local registrar) (b) Enoch Bailey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 3 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from ..., 19 to ..., 19 ; that I last saw h... alive on ..., 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY