

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

Registrar's No.

27340

2998

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:
Kansas City Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks.
(Specify whether
In this community 60 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth Bates

3. (b) If veteran, No
name war. No

3. (c) Social Security
No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John S. Bates 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased June 14 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 23
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

12. Name William Douglas

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Liton

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Sherman

(b) Address 3302 Virginia

17. (a) Burial (b) Date thereof 8-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 8/8/41 (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. 2115 Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th
year 1941 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 15 to Aug 7th 1941;
that I last saw him ER alive on Aug 7th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 wks

Due to arterial sclerosis 5 yrs

Due to Senility 8 yrs

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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Ed Sherman (M. D. or other)
Address 3302 Virginia Date signed 8-7-41

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.....

Cecil R. Matthews

Licensed Embalmer No.....

3807

P. O. Address.....

W.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.