

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

40824

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

4500

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: Research Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs (Specify whether
In this community 6 hrs years, months or days)

3. (a) PRINT
FULL NAMEInfant Bates

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex
- male

5. Color &
-
- race
- wh

6. (a) Single, widowed, married,
-
- divorced
- single

6. (b) Name of husband or wife

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

7. Birth date of deceased

Dec 4th 1941
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

6 hr. 30 min.

9. Birthplace

KC Mo
(City, town, or county)

(State or foreign country)

10. Usual occupation

Infant

11. Industry or business

12. Name
- Donald Bates

13. Birthplace

Mo. Curran Kans
(City, town, or county) (State or foreign country)

14. Maiden name

Marie Louise Bates

15. Birthplace

Kansas City Mo
(City, town, or county) (State or foreign country)

16. (a) Informant
- Donald Bates

- (b) Address

17. (a)
- Removal
-
- (Burial, cremation, or removal)

- (b) Date thereof
- 12/5/41
-
- (Month) (Day) (Year)

- (c) Place: burial or cremation

Shawnee Kans

18. (a) Signature of funeral director

Quinn & Tabor Co

- (b) Address

Kansas City Mo

19. (a)
- 12/5/41
-
- (Date received local registrar)

- (b)
- M. M. Crow
-
- (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Kansas (b) County Jackson
(c) City or town Shawnee (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.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- 4
- day
- over
-
- year
- 1941
- hour
- 9
- minute
- 4 a.m.

21. I hereby certify that I attended the deceased from
- Dec 4th 1941
-
- that I last saw him alive on
- Dec 4
- 19
- 41
-
- and that death occurred on the date and hour stated above.

Immediate cause of death

- Prematurity.
Due to (7 mo. fetus)
Due to lived only a few hours.

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy same

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

- (a) Accident, suicide, or homicide (specify) no
(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
- E. A. Wilkinson
- (M. D. or
- MD
-)
-
- Address
- 1103 Grand Ave
- Date signed
- 12-5-41

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

John J. Courroy

....., Registered Apprentice No. *307*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.