No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 579

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5199

Primary Registration District No. 1002

Registrar's No. 947

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 Tbc Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 13 hrs. (Specify whether years, months or days)
In this community: 30 years

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.: 1000 E. 8th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? O years.

3. (a) PRINT FULL NAME: Bater, Glyan E.
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 12 (Day), 1897 (Year)
8. AGE: Years: 44 Months: 6 Days: 23 If less than one day: hr. min.
9. Birthplace: Hamilton Mo (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: none.
11. Industry or business:
MOTHER FATHER
12. Name: Bater, E. H.
13. Birthplace: (City, town, or county) Iowa! (State or foreign country)
14. Maiden name: Unakle, Bess.
15. Birthplace: (City, town, or county) Ohio! (State or foreign country)
16. (a) Informant: K. C. Tb. Hospital.
(b) Address: Kansas City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Hamilton, Mo
18. (a) Signature of funeral director: Mrs. C. L. Gorsky
(b) Address: 918 Brooklyn
19. (a) 3/7/45 (Date received local registrar) (b) R. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 4 year: 1942 hour: 9 minute: 25 A. M.
21. I hereby certify that I attended the deceased from March 3, 1942, to March 4, 1942; that I last saw him alive on March 4, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart Failure	
Due to: Cardiac Decompensation	
Due to: Lobar pneumonia	
Other conditions (Include pregnancy within 3 months of death): 108	

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or other)
Address: K. C. Tb. Hospital Date signed: 3-4-42

361 (Licensed Embalmer's Statement on Reverse Side) KCKW

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K.C. Mo

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

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