

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5200

State File No. ....

FILED MAR 16 1942

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 961

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:  
State Hotel 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. .... (Specify whether)  
In this community 35 years  
years, months or days)

3. (a) PRINT FULL NAME William A. Bates

3. (b) If veteran, name war No 3. (c) Social Security No. 487-10-6986

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret E. Bates 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased October 13 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 4 24 hr. min.

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

10. Usual occupation Manager

11. Industry or business Cigar Store

12. Name Frank F. Bates

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

14. Maiden name Marcella Mansfield

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

16. (a) Informant Mrs. Margaret E. Bates

(b) Address 6337 Morningside Drive

17. (a) Burial (b) Date thereof 3-10-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 3/9/42 (b) M. M. Crowe  
(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. 6337 Morningside Drive  
(If rural, give location)  
(e) Citizen of foreign country? .... (Yes or No)  
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7  
year 1942 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from June - 10  
1939 to March 7, 1942  
that I last saw him alive on March 2, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. ....

Myocardial Infarction Duration 1 hour

Due to Coronary sclerosis 3 years

Due to 94a

Other conditions Arterial Hypertension 10 years  
(Include pregnancy within 3 months of death)

Major findings: Of operations. none

Of autopsy. ....

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? ....

(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 0

23. Signature Graham Asher (M. D. or other) M.D.

Address 1220 Professional Bldg. Date signed 3-9-42

*Am. Gen. Bldg.  
Prof. 11-5-12*

### 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

*Elmer C. Wecklin*

Licensed Embalmer No.....

*3493*

P. O. Address.....

*H. 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.**