

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

22058

FILED JUL 15 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County PuTnam
(b) City or town RURAL YORK TOWNSHIP
(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 years, months or days)
In this community

3. (a) PRINT FULL NAME MARY ELVIRA 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 GEORGE BATES 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased SEPTEMBER 11 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business HOUSEWORK

MOTHER FATHER { 12. Name MILBURN STOKER
13. Birthplace OHIO
(City, town, or county) (State or foreign country)
14. Maiden name ELVIRA EDWARDS
15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Boyd Bates

(b) Address Powersville, Mo.

17. (a) BURIAL (b) Date thereof JUNE 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation POWERSVILLE CEMETERY

18. (a) Signature of funeral director CONSTOCK FUNERAL HOME

(b) Address UNIONVILLE Mo. By John D. Constock

19. (a) July 2 1942 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County PuTnam
(c) City or town RURAL POWERSVILLE
(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. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27
year 1942 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 1942 to June 27, 1942
that I last saw her alive on June 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerular nephritis
Due to Chronic hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 places?

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

23. Signature J. W. McDonald (M. D. or other)
Address Powersville, Mo. Date signed 7/1/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 10

District File Number 7-42-1399

Date Filed 11 1947

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

James W. Poinstock
Licensed Embalmer No. 4197

P. O. Address Unionville, M

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, above space should be left blank.