

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29338

State File No. \_\_\_\_\_

FILED SEP 16 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3316

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 2430 Montgall  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution About 20 yrs. (Specify whether years, months or days)  
In this community About 20 yrs.

3. (a) PRINT FULL NAME Lula Bates

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married Widowed  
7. (b) Name of husband or wife Robert Bates 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 20, 1880  
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business none

12. Name Tom Nichole

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

14. Maiden name Unknown

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

16. (a) Informant Matth Patterson

(b) Address 2430 Montgall

17. (a) Burial (b) Date, thereof Sept 8, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling, Bldg

(b) Address 1212 Vine - R. COMPTON

19. (a) 9-8-42 (b) M. M. Crow  
(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. 2430 Montgall  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10  
year 42 hour minute M.

21. I hereby certify that I attended the deceased from July  
Sept 6 1942 to Sept 6 1942  
that I last saw her alive on Sept 6  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial  
Heart Disease

Due to 93.5

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 place?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature John H. Crow (M. D. number) \_\_\_\_\_

Address 2430 Montgall Date signed 9/8/42

(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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

*E. Sterling Bills*

Licensed Embalmer No. \_\_\_\_\_

*3178*

P. O. Address \_\_\_\_\_

*1212 Vine KC*

**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.**