

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREEN

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
O'Reilly General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 days  
(Specify whether years, months or days)

In this community 43 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State TEXAS (b) County Harris 999

(c) City or town Houston 41  
(If outside city or town limits, write "RURAL")

(d) Street No. 7114 Bonham Street 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME JOSEPH B. BATES

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5 year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from August 21, 1942 to October 5, 1942  
that I last saw him alive on October 5, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased: October 27 1907  
(Month) (Day) (Year)

Immediate cause of death Leukemia, myelogenous, acute Duration 3 mos.

Due to.....

Due to..... nfa

Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years 34 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation Deck Boat Hand

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown

13. Birthplace San Antonio Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Little Rock Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant W.D., A.C.O. Forms #20 and #21

(b) Address.....

17. (a) Removal (b) Date thereof Oct. 6, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston, Texas

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

Major findings:  
Of operations.....

Of autopsy Confirmation of above diagnosis

PHYSICIAN  
Underline the cause to which death should be charged statistically.

19. (a) 10-5-42 (b) W. H. Handley  
(Date received local registrar) (Registrar's signature)

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?..... Means of injury.....

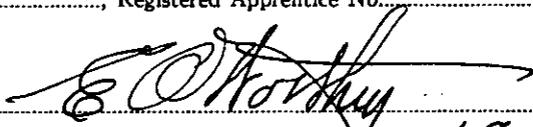
23. Signature W. H. Handley (M. D. or other)  
Address O'Reilly General Hospital Date signed 10/6/42

984

**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..... 

Licensed Embalmer No. 1767

P. O. Address Springfield Mo

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

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

X