

1953

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 10 1943

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town North Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.R. # 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 14 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town North Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. # 5  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country D

3. (a) PRINT FULL NAME MINA BELL BATEMAN

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 P. A. Bateman 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Nov 25 1878  
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER  
12. Name Adolph Todd  
13. Birthplace Hermany Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Flora B. Todd  
15. Birthplace Lipton Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant P. A. Bateman

(b) Address R.R. # 5 North K.C. Mo.

17. (a) Burial (b) Date thereof Jan 20 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Utica Missouri

18. (a) Burial or cremation directed by John A. Norton Funeral Home

(b) Address North Kansas City Mo.

19. (a) Jan 19-43 (b) Ruch M. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 16-43  
year hour 6:20 minute P. M.

21. I hereby certify that I attended the deceased from Jan 16, 1943  
to Jan 16, 1943  
that I last saw her alive on Jan 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Cervix

Due to .....

Due to .....

Other conditions H/O  
(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) (e) Means of injury Q

23. Signature J. A. Pate (M. D. or other) MD

Address North Kansas City Date signed 1/19/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. O.S. Pate

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-9-43

**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 Bless E. Hodges

Licensed Embalmer No. 2729

P. O. Address North K.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.**