

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10721

State File No.

40

Registrar's No.

FILED APR 12 1943

Registration District No.

Primary Registration District No.

5663

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Rural Lyons Twp.
(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)
In this community about 60 years (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Margaret Bates

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F.M. 5. Color or race W. 6. (a) Single, widowed, married, divorced wid.

6. (b) Name of husband or wife Cassius Bates 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 6 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Nelson Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business

MOTHER FATHER { 12. Name Matthew Pearl
13. Birthplace Unknown, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Priscilla Hoskins
15. Birthplace Unknown, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Wm James McClain

(b) Address Wellington Mo.

17. (a) Burial (b) Date thereof 3-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence Cemetery

18. (a) Signature of funeral director Fred J. Harle

(b) Address Katholka Mo.

19. (a) 3-8-43 (b) P.W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Rural Lyons Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Lyons Twp.
(rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27th
year 1943 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dec 19
1942 to Feb 27 1943
that I last saw him alive on Feb 26 1943
and that death occurred on the date and hour stated above

Immediate cause of death fracturing of the heart Duration _____

Due to senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93e2

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 2

23. Signature J. J. Coster (D. O. other) 2
Address La. Belle Mo. Date signed 3-8-43

(Licensed Embalmer's Statement on Reverse Side)

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

36
0
0

987

RECEIVED

District Health Officer No. 10

District File Number 4-43-693

Date Filed APR 8 1945

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

Fred Karle

Licensed Embalmer No. 1023

P. O. Address Kokoto 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.