S. No. 2
M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13040

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2026

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.Gen.Hospital No.1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 5 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Lees Summit (If outside city or town limits, write "RURAL")
(d) Street No. Rt 1. 2 mi N.E. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ben Bates
3. (b) If veteran, name war no
3. (c) Social Security No. unknown
4. Sex M
5. Color or Race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ~~unknown~~ Stella
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased June (Month) 16 (Day) 1905 (Year)
8. AGE: Years ~~37~~ 38 Months 10 Days 10 If less than one day ... hr. ... min.
9. Birthplace Texas Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Labourer
11. Industry or business
FATHER 12. Name Edward Bates
13. Birthplace Texas Co. Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name unknown
15. Birthplace " (City, town, or county) " (State or foreign country)
16. (a) Informant Mrs Ben Bates
(b) Address Lee's Summit Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lee's Summit Mo
18. (a) Signature of funeral director N. B. Langsford
(b) Address Lee's Summit Mo
19. (a) 4-30-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1943 hour 4 minute 35 P. M.
21. I hereby certify that I attended the deceased from 4-25-43, 19 ... to 4-26-43, 19 ...;
that I last saw him alive on 4-26-43, 19 ...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Epidemic cerebro spinal meningitis	
Due to 6	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy None	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 3823

P. O. Address Lees Summit

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.