

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
2623 Duncan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2623 Duncan
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Theo Edward Bateman
3. (b) If veteran, name war. no
3. (c) Social Security No. no
4. Sex Male
5. Color or Race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Bertha Bateman
6. (c) Age of husband or wife if alive. 65 years
7. Birth date of deceased Aug 16 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2nd
year 1943 hour 12 minute 01 P.M.
21. I hereby certify that I attended the deceased from
May 2 1943 to 19.....
that I last saw alive on 19.....
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	74	8	16	hr. min.

Immediate cause of death
Chronic myocarditis
and
Chronic Nephritis 3 yrs
131 P

9. Birthplace St. Clair Pa.
(City, town, or county) (State or foreign country)
10. Usual occupation Owner Bateman Sheet Metal shop

Other conditions (Include pregnancy within 3 months of death)
Male died suddenly
Major findings Of operation following an illness of about five years
Of autopsy no [of Cardiovascular degeneration
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Philip Bateman
13. Birthplace Pa.
14. Maiden name Susan Brittain
15. Birthplace Pottsville Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Bateman
(b) Address 2623 Duncan, St. Joseph, Mo.
17. (a) Burial (b) Date thereof May 4 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

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
23. Signature H. F. Mundy (Coroner) (M. D. or other)
Address 404 St Joseph, Mo. Date signed 5/21/43

18. (a) Signature of funeral director Herman W. S. S. S. S.
(b) Address 1802 Union, St. Joseph, Mo.
19. (a) 5-4-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

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

*These are my
313 S. St*

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..... *John H. Hurley*.....
Licensed Embalmer No. *4080*.....
P. O. Address *St Joseph 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.