

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

35419

NOV 5 1943 255-  
Registration District No. ....

Primary Registration District No. 5877

Registrar's No. 78

## 1. PLACE OF DEATH:

(a) County Oregon  
 (b) City or town Alton Piney Twsp. Rural  
 (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 1  
 (Specify whether  
 In this community 50 years  
 years, months or days)

3. (a) PRINT FULL NAME Sterling Franklin Bates3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Amanda C. Bryan 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased Feb. 24 1863  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 6 28 .hr. .min.9. Birthplace Alabama  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER  
 { 12. Name Elijah Bates  
 { 13. Birthplace Alabama  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Unknown Matilda Bates  
 { 15. Birthplace Unknown Birmingham, Ala.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. P. George  
(b) Address Independence, Mo.17. (a) Burial (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal)(c) Place: burial or cremation Smith Cem. Alton, Mo.18. (a) Signature of funeral director Geo. Carr(b) Address Thayer, Mo.19. (a) 10/15-1943 (b) Tommy M. Williams  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 075  
 (c) City or town Alton (Rural)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
 (If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country. 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22  
year 1943 hour 6 minute 30 A.M.21. I hereby certify that I attended the deceased from September 17  
1943, to September 22, 1943;  
that I last saw him alive on September 22, 1943;  
and that death occurred on the date and hour stated above.Immediate cause of death Stenility & Hearttrouble

Duration

Due to 93d

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings: no operations

Of operations

Of autopsy none

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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. B. Forest (M. D. or other)  
Address Alton, Mo. Date signed 10/19/43

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

500

1113

(Licensed Embalmer's Statement on Reverse Side)

Forest

**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.....

P. O. Address.....

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1102  
Registrar's No. 78

Registration District No. 215 Primary Registration District No. 5877

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton Rural, Curry Co  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME  Sterling J. Bates

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

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 24 1880  
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 27  
If less than one day, \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 10/15-43 (b) Henry M. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 11 Year 1943 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (c) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY 2

35419