

FILED JAN 3 1943

Registration District No. 1949

Primary Registration District No. 1005

Registrar's No. 5241

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:
Cresthaven Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community 9 days

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Wyandotte 14

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1143 Rowland Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Anna M. Bates

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem.

5. Color or race White

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

6. (b) Name of husband or wife Willard Bates

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased March 10 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>92</u>	<u>2</u> hr. min.

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

10. Usual occupation Housewife (Retired)

11. Industry or business

12. Name Frank Butterfield

13. Birthplace Unknown Maine
(City, town, or county) (State or foreign country)

14. Maiden name Maria Tullis

15. Birthplace Richmond Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. R. Smith

(b) Address 1143 Rowland Ave. K.C.K.

17. (a) Burial (b) Date thereof 12/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Geo. Hodgson

(b) Address 703 N. 10 St. K.C.K.

19. (a) 12-13-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1943 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec. 12 1943 P.M. to Dec. 12 1943 P.M.
that I last saw her alive on Dec. 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to

Due to

Other conditions Influenza 33a 1 week
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 7 days

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?

(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 J. H. Braverly M.D. (M. D. or other)

Address 376 1/2 Broadway Kansas City, Mo. Date signed 12/13-43

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

Dr. Grauerholz
209 W. 1st St. Theatre Bldg.

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. *J. 1263*

P. O. Address *R. C. Kaus*

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.