

FILED JAN 19 1944

Registration District No. 1002Primary Registration District No. 1002

State File No. _____

Registrar's No. 5616

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. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 2 mos. 10 days
(Specify whether
In this community unk
years, months or days)

3. (a) PRINT FULL NAME John Bates

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Jan 22 - 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 5 hr. min.

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

10. Usual occupation none

11. Industry or business

12. Name Bates

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

14. Maiden name unk

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

16. (a) Informant Record Clerk

(b) Address Gen. Hosp.

17. (a) Rural (b) Date thereof 12/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director James Mayhew

(b) Address 2310 E. 12th St.

19. Dec 30 1943 (c) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 711 McGee
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1943 hour 8 minute 47 A. M.

21. I hereby certify that I attended the deceased from
October 17, 1943, to December 27, 1943.
that I last saw him alive on December 27, 1943.
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of stomach

Due to 46

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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)
(b) Means of injury _____

23. Signature Dr. R. Thorne (M. D. or other) _____

Address Med. Div. Gen'l Hosp. Date 12-28-43

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. 25760

P. O. Address 1107 MD

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.