DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1217

Registration District No. FILED FEB 8 1944 Primary Registration District No. 1002 Registrar's No. 217

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: R. 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 days (Specify whether years, months or days)
In this community 20 years.

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. 515 W. 11 St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wallace Raymond Bathe
3. (b) If veteran, name war no
3. (c) Social Security No. 486-01-2770
4. Sex M
5. Color or race Wh
6. (a) Single, widowed, married, divorced Marr.
6. (b) Name of husband or wife Mary L.
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Dec 26, 1892 (Month) (Day) (Year)
8. AGE: Years 51 Months — Days 20 If less than one day ____ hr. ____ min.
9. Birthplace Pleasanton, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
12. FATHER Name C. E. Bathe
13. FATHER Birthplace Mt Eyre, Iowa (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Emma Bauer
15. MOTHER Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mary L. Bathe.
(b) Address 515 W. 11 St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16'44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director A. P. Louis.
(b) Address 3400 Wood Ave.
19. Jan 15, 1944 (Date received local registrar) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13 year 1944 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from January 11, 1944 to January 13, 1944 that I last saw him alive on January 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute bacterial Endocarditis	
Due to	
Due to 9/a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature C. E. Bathe (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 1-13-44

561 (Licensed Embalmer's Statement on Reverse Side)

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

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.