

FILED FEB 16 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8124

Registration District No. 301

Primary Registration District No. 6036

Registrar's No. 1946

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Briar
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 43 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alpha R. Bates

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive 23 years (Month) (Day) (Year)

7. Birth date of deceased Dec. 23 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Hickman Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -

12. Name J. W. Beakley

13. Birthplace Hickman Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Dennis Bates

(b) Address Briar

17. (a) Burial (b) Date thereof Feb. 16 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bennett Cent.

18. (a) Signature of funeral director Black's mortuary

(b) Address 2-1444

19. (a) 2-1444 (b) E. D. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ripley
(c) City or town Briar
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5.
year 1944 hour 2 minute 25 A.M.

21. I hereby certify that I attended the deceased from 6-1- 1944 to 2-5- 1944;
that I last saw her alive on 2-4- 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Contributing Cause: Asthma
and Mitral insufficiency
Due to -

Due to 92
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) (e) Means of injury 0

23. Signature J. L. Adamson (M. D. or other)
Address Marion, Mo. Date signed 2-5-44

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.....

Not Embalmed....., 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.