

S. No. 2  
M-2-43  
5-17-39  
I X35897

FILED MAY 29 1944

Primary Registration District No. 4040

Registrar's No. 13

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

1. PLACE OF DEATH:  
 Bent on  
 (a) County  
 (b) City or town Cole Camp  
 (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 40 Years  
 years, months or days)

3. (a) PRINT FULL NAME Mrs Mollie Bates  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 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 \_\_\_\_\_ years  
 7. Birth date of deceased March 1st 1856  
 (Month) (Day) (Year)

8. AGE: 88 Years Months 1 Days 20 If less than one day hr. min.

9. Birthplace Saline County Mo  
 (City, town, or county) (State or foreign country)  
At Home

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

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

MOTHER FATHER {  
 12. Name Jones  
 13. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Gwendel  
 (b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof April 24, 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Unino Cemetary

18. (a) Signature of funeral director E. J. Eubank  
 (b) Address Cole Camp Mo

19. (a) May 4, 1944 (b) Pauline Harms  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 Missouri Benton 8  
 (a) State (b) County  
 (c) City or town Cole Camp  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st  
 year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 18 1944 to April 21 1944  
 that I last saw him alive on April 21 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypostatic Bronchial Pneumonia

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

Other conditions Invalidium  
 (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 \_\_\_\_\_

23. Signature Byron L. Duncan (M. D. or other) D.O.  
 Address Cole Camp, Mo Date signed 4-22-44

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1.5 2 imp 44  
1.5 2 imp

RECEIVED

District Health Officer No. 7

District File Number 11-44-607

Date Filed 2-6-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. E. Eickhoff

Licensed Embalmer No. 780

P. O. Address Cole Camp Mo

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.