

FILED AUG 23 1944 149

Primary Registration District No.

1002

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

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: General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8-5-44 10 Hrs. 10 Min.  
(Specify whether  
In this community Unknown  
years, months or days)

3. (a) PRINT FULL NAME MATTIE BATES

3. (b) If veteran, name war no 3. (c) Social Security No. 70

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased July 31 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 0 45 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Joe Watson  
13. Birthplace Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Melba Radley  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 8-11-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem

18. (a) Signature of funeral director Edkins Bros

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 8-10-44 (b) H.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. 1315 Garfield  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5  
year 1944 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from 12:30 P.m.  
August 5 1944 to 10:40 p.m. Aug. 5 44

that I last saw her alive on August 5 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration

Due to Hypertension

Due to 93E

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations 93E  
Of autopsy 93E  
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 H.E. Brown (M. D. or other)

Address Gen. Hosp. #2 600 E. 22nd Date signed 8-9-44

2002 CC 210A 13119

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**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, for by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed A. T. Moore  
Licensed Embalmer No. 948

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.