

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5066

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution 2
In this community Don't Know

3. (a) PRINT FULL NAME

Jacob G. Bates

3. (b) If veteran name war None
3. (c) Social Security No. None

4. Sex M. 5. Color or race Wh
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased May 12, 1859

8. AGE: Years 85 Months 9 Days 7
If less than one day hr. min.

9. Birthplace Case, Missouri

10. Usual occupation Watchman at John Taylors

11. Industry or business Dry Goods Store

12. Name Unknown

13. Birthplace Germany

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant H. E. Blucher

(b) Address 3700 Madison K.C. Mo

17. (a) removal (b) Date thereof 12-14-44

(c) Place: burial or cremation Oak Grove, Mo

18. (a) Signature of funeral director A. P. ...

(b) Address

19. (a) 12-14-44 (b) H. E. Brown

(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K.C.
(d) Street No. 1224 Holmes
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14
year 1944 hour 12:00 minute P M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive and that death occurred on the date and hour stated above.

CORONER

Immediate cause of death

Coronary Occlusion

Due to Arterio-sclerosis

Other conditions

Major findings: History & Inspection

Of autopsy no

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?

(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 James Walker

(M. D. or other) Address 1424 Poplar Bldg

Date signed 12-14-44

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

MOTHER FATHER

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.....

Francis Walter

Registered Apprentice No. *2744*

working under my personal supervision.

Signed.....

J. H. Pagen

Licensed Embalmer No. *2744*

P. O. Address..... *K. R. M. Co.*

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.