

FILED JAN 13 1945

Registration District No. 46

Primary Registration District No. 4065

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Polo  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community all his life  
years, months or days)

3. (a) PRINT FULL NAME Wm S. Bathgate

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife May S. Bathgate 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Jan 3 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ray Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

12. Name Thos Bathgate

13. Birthplace England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Rachael Sharpnack

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

16. (a) Informant May Bathgate  
(b) Address Polo Mo

17. (a) Burial (b) Date thereof 12-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zionville Cemetery

18. (a) Signature of funeral director Alspaugh & Cowley  
(b) Address Polo Mo

19. (a) Jan 4 - 1945 (b) James Cowley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell 13

(c) City or town Polo 6  
(If outside city or town limits, write "RURAL") U

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4  
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 10  
\_\_\_\_\_ 1944, to Dec 4 \_\_\_\_\_ 1944  
that I last saw him alive on Dec 4 \_\_\_\_\_ 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Exhaustion 5 days  
Not known

Due to Mitral Stenosis & aortic insufficiency

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 92

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 D

23. Signature C. H. Wilson M.D. (M. D. or other) \_\_\_\_\_  
Address Polo Mo Date signed 12-3-49

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

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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, 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 with the above constitutes grounds for revocation of license.)**

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