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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12[illegible]

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 1518

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community 25 years, years, months or days)

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. 1221 Askew
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Oscar W. Bates
3. (b) If veteran, name war no.
3. (c) Social Security No. 496-10-4477

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife unknown,
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased March 12 ~~1898~~ 1899
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46 ~~48~~	0 ~~12~~	22	hr. min.

9. Birthplace Bourbon Co. Kansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation Mattress Maker
11. Industry or business x

FATHER
12. Name Edward Bates,
13. Birthplace unknown, 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alberta -
15. Birthplace unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Don Winfrey,
(b) Address 1221 Askew, Kansas City, Mo.
17. (a) removal (b) Date thereof 4-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Scott, Kansas,
18. (a) Signature of funeral director Stine, & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 4-5-45 (Date received local registrar) (b) D. Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1945 hour 10 minute 50 A.M.
21. I hereby certify that I attended the deceased from March 15, 1945, to April 4, 1945
that I last saw him alive on April 4, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of liver	
Cardiac decompensation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Clark W. Seale M.D. (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 4-4-45

(Licensed Embalmer's Statement on Reverse Side)

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. Robert H. Reed

Licensed Embalmer No. 3746

P. O. Address. N. C. 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.