

FILED JUN 11 1945

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 439

1. PLACE OF DEATH: GREENE  
 (a) County GREENE  
 (b) City or town Springfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 (Specify whether years, months or days) 10 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene 34  
 (c) City or town Springfield 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1504 W. Division 6  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.

3. (a) PRINT FULL NAME William Bateman  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. Unknown

4. Sex Male 0  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Grace Bateman  
 6. (c) Age of husband or wife if alive Unknown years  
 7. Birth date of deceased March 14, 1861  
 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 13  
 If less than one day hr. min.

9. Birthplace Butler, Missouri  
 (City, town, or county) (State or foreign country)  
 Retired

10. Usual occupation Laborer  
 11. Industry or business

MOTHER FATHER  
 12. Name Lew Bateman  
 13. Birthplace Unknown Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Carrie Stone  
 15. Birthplace Unknown Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Bateman  
 (b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof May 29, 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
 (b) Address Springfield, Missouri

19. (a) 5-29-45 (b) O. W. Handy  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th, year 1945 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from 4-28-45 to May 27, 1945  
 that I last saw him alive on May 27, 1945  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Myocardial Infarction 6 mo.  
 Duration  
 Due to Coronary Disease YES  
 Due to  
 Other conditions: Prostatic Hypertrophy YES  
 (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) (c) - Means of injury  
 23. Signature [Signature] Date signed 5-29-45  
 Address [Address]

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

19  
2  
6

4  
5

0111

9537

**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.....  
.....  
working under my personal supervision.

Registered Apprentice No.....  
Signed *Lewis G. Schaff*  
Licensed Embalmer No. *3802*  
P.O. Address *Springfield, 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.**