

FILED **498** 1945

Primary Registration District No. **3053**

Registrar's No. **78**

1. PLACE OF DEATH: **Phelps**

(a) County **Phelps**

(b) City or town **Rolla**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **McFarland Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **one month**
(Specify whether years, months or days)

In this community **one month**

3. (a) PRINT FULL NAME: **George Alfred Bates**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Edwin** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 5 1891**
(Month) (Day) (Year)

8. AGE: Years **53** Months **11** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **Seema Miss. Co. Miss**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Frederick Bates**

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

14. Maiden name **Frederika Schmiedtke**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sney Carmack**

(b) Address **Seema Miss**

17. (a) **Funeral** (b) Date thereof **June 25, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rolla, Tenn.**

18. (a) Signature of funeral director **W. J. Fullerton**

(b) Address **Rolla Miss**

19. (a) **7-24-45** (b) **Mr. Quentin Harvey**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Miss** (b) County **Went 33**

(c) City or town **Seema**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route 1**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23rd**
year **1945** hour **3** minute **35 P. M.**

21. I hereby certify that I attended the deceased from **May 24, 1945** to **June 23, 1945**
that I last saw **him** alive on **June 23, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Embolism** Duration _____

Due to _____

Due to **99.1**

Other conditions **Surgery 5-24-45**
(Include pregnancy within month of death)

Major findings: **Removal of large stone from urinary bladder** PHYSICIAN _____

Of operations _____

Of autopsy _____

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 **W. J. Fullerton** (Physician or other) _____

Address **Rolla Miss** Date signed **6-27-45**

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

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 S. L. Nunez

Licensed Embalmer No. 3397

P. O. Address River 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.