

FILED DEC 28 1945 STANDARD CERTIFICATE OF DEATH

State File No. 42135

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 921 Dougherty Pike 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 90 (Specify whether
In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME Vina Pase Bates

3. (b) If veteran, name war 910 3. (c) Social Security No. 910

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Robert Bates 6. (c) Age of husband or wife if alive 15 years (Month) (Day) (Year)
7. Birth date of deceased Oct. 15 1885

8. AGE: Years Months Days If less than one day
60 1 0 hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Charge Page

13. Birthplace Louisiana Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Redding

15. Birthplace Louisiana Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Robert Page

(b) Address Louisiana, Mo.

17. (a) Burial (b) Date thereof Nov. 18 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director Thomas Thorne

(b) Address Louisiana, Mo.

19. (a) 11/15/45 (b) Margaret E. Stephens (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 81
(c) City or town Louisiana (If outside city or town limits, write "RURAL")
(d) Street No. 921 Dougherty Pike 1 (If rural, give location)
(e) Citizen of foreign country? 910 (Yes or No)
If yes, name country 910

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1945 hour 7:45 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 10 1945 to Nov. 14 1945
that I last saw him or alive on Nov. 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension

Due to None

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work none (Specify type of place) (e) Means of injury no

23. Signature [Signature] (M. D. or other)
Address Louisiana, Mo. Date signed 11/15/45

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

RECEIVED

District Health Officer No. 10

District File Number 12-45-1841

Date Filed DEC 20 1945

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

J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.