

**FILED FEB 20 1946**

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Independence Sanitarium & Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Days (Specify whether)  
In this community 20 Years  
(years, months or days)

3. (a) PRINT FULL NAME CARL SAMUEL BATEMAN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Laura V. Bateman (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased April 10, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 9 9 hr. min.

9. Birthplace Council Bluffs, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Installation

11. Industry or business Standard Oil Co.

MOTHER FATHER { 12. Name Samuel Bateman  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Peters  
15. Birthplace Council Bluffs, Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura V. Bateman  
(b) Address Independence, Missouri  
17. (a) Burial (b) Date thereof 1/22/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Poland Sparks  
(b) Address Independence, Missouri  
19. (a) 1-21-46 (b) James H. Ross  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Rural Independence Blue  
(If outside city or town limits, write "RURAL")  
(d) Street No. 832 So. Leslie  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1946 hour 8:00 minute P M.

21. I hereby certify that I attended the deceased from Nov. 15, 1945 to Jan. 19, 1946  
that I last saw him alive on Jan. 19, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary insufficiency Duration 48 hrs  
Due to Hypertrophy of heart + coronary arteriosclerosis years  
Due to \_\_\_\_\_

Other conditions Hypertensive heart disease years  
(Include pregnancy within 5 months of death)

Major findings: myocardial infarction, hypertensive heart disease, arteriosclerosis, bronchopneumonia (hypostatic) PHYSICIAN  
Of operations 1/3/46  
Of autopsy hypertrophy of heart, coronary arteriosclerosis, myocardial infarction, bronchopneumonia (hypostatic)  
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 Vance E. Lusk, M.D. (M, D, or other)  
Address 129 W. Livingston, Independence, Mo Date signed 1/20/46

SEP 20 1949

SEP 21 1949

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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

*Roland P. Starks*

Licensed Embalmer No.

*3604*

P. O. Address.

*Indep. 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.**