

FILED APR 4 1946

Registration District No. _____

Primary Registration District No. 6022

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural, R.F.D. # 5
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. # 5, Richmond, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 59 Years
years, months or days)

3. (a) PRINT FULL NAME William Bathgate

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Mary Ann Bathgate 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 2, 1885
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Robert Bathgate 13. Birthplace Scotland (City, town, or county) (State or foreign country)

14. Maiden name Margarete (Unknown) 15. Birthplace Scotland (City, town, or county) (State or foreign country)

16. (a) Informant Robert Bathgate (b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation Old Union Cemetery Quest-Life F. Home

18. (a) Signature of funeral director Richmond, Missouri (b) Address Richmond, Missouri

19. (a) April 2-46 (Date received local registrar) (b) Malcolm Jackson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 3589
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1946 hour 5 minute 30AM

21. I hereby certify that I attended the deceased from Mar. 22, 1946, to Mar. 26, 1946, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Hypotatic Pneumonia Duration 4 days

Due to Apoplexy 4 days

Due to Arterial Sclerosis Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g30 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) (e) Means of injury 2
23. Signature E. G. Keranos (M.D. or other) MD
Address Richmond, Mo. Date signed Apr. 2 46

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

9392

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

George White

Licensed Embalmer No.

4066

P. O. Address

Richmond, Va.

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.