

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

21167

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 28 1946

Registration District No. 274

Primary Registration District No. 3056

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution 2 days specify whether  
In this community 12 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 1412 Scott

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LLOYD ALLEN BATES

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11<sup>th</sup> year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: May-30-1946  
(Month) (Day) (Year)

Immediate cause of death malnutrition

Due to premature baby

Due to 6 1/2 - 7 mo.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration life

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years \_\_\_\_\_ Months 0 Days 12 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Altha Grant Bates

13. Birthplace Lincoln Neb  
(City, town, or county) (State or foreign country)

14. Maiden name Athazine Welch

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

16. (a) Informant Altha Bates

(b) Address 1412 Scott Proberly Mo

17. (a) Burial (b) Date thereof June 22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Proberly Mo

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 159

18. (a) Signature of funeral director Proberly Funeral Home

(b) Address Proberly Mo

19. (a) June 12 46 (b) Leslie Williams  
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature H. G. Griffith (M. D. or other) \_\_\_\_\_  
Address Proberly Date signed 6/11/46

269. (Licensed Embalmer's Statement on Reverse Side)

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

20036

RECEIVED

District Health Officer No. 10

District File Number 7-46-1276

Date Filed JUL 3 1946

**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.

*Infant not embalmed*

Licensed Embalmer No.....

P. O. Address.....

**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.**