

FILED FEB 4 1947

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 78

900
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Highway #60 opposite to town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Peter Edwin Bateman

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

4. Sex MD 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased. Nov 9 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Modoc Canada?
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Mason

11. Industry or business

12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant His Own Papers

(b) Address _____
17. (a) Burial (b) Date thereof Jan 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fordland Cem.

18. (a) Signature of funeral director Kelley Sewell

(b) Address Bergman Fordland Mo

19. (a) 1-27-47 (b) M. S. Haskley 9115
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster 112
(c) City or town Fordland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (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 23
year 1947 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from January 23, 1947, to January 23, 1947, that I last saw him alive on January 23, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Wound Bullet Entered Right Temple Emerged Left Parietal Bone
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Wound
Of autopsy Wound
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) suicide
(b) Date of occurrence January 23, 1947
(c) Where did injury occur? Fordland Webster Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
While at work? No (Specify type of place) (e) Means of injury gun shot
23. Signature A. R. Schultz (M. D. or other) _____
Address Fordland Mo Date signed 1/27/47

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.