

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

967

FILED FEB 11 1947

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

466

1. PLACE OF DEATH:

(a) County Backson
(b) City or town St. Charles City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1528 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 days (Specify whether
In this community 34 days
years, months or days)

3. (a) PRINT FULL NAME Arthur J. Bates

3. (b) If veteran,
name war No

3. (c) Social Security
No. 486-07-7524

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

6. (b) Name of husband or wife Olive R. Bates 6. (c) Age of husband or wife if
alive 72 years

7. Birth date of deceased March-14-1885
(Month) (Day) (Year)

8. AGE: Years Months Days 60 8 10 78 If less than one day
hr. 1 min. 4

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

10. Usual occupation Millwright

11. Industry or business American Can Co

12. Name Harry Bates

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Olive R. Bates

(b) Address 1528 Cherry

17. (a) Burial (b) Date thereof Feb 3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Washington

18. (a) Signature of funeral director A. C. Goehner

(b) Address 1415 East 15

19. (a) 2-1-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Backson
(c) City or town St. Charles City
(If outside city or town limits, write "RURAL")
(d) Street No. 1528 Cherry
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1947 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from Jan 18 1947 to Feb 1 1947
that I last saw him alive on Feb 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the
stomach, cancer metast.

Due to Obstruction, Sec. #1.

Due to

Other conditions 462
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of intestine
Of operations with metastasis
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?

(Specify type of place)
While at work? Yes Means of injury Stomach
23. Signature Paul E. Simpson MD (M. D. or other)
Address 1020 Ruff Bldg KC Mo Date signed 2/1/47

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.....

A. B. Doshier

Licensed Embalmer No..... *1166*

P. O. Address..... *1415 East 15*

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.