

No. 2
-12-45
-17-39
X47070

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

FILED JUN 17 1947

Registration District No. 41 Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Highland Park Addition /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community About 16 years
years, months or days

3. (a) PRINT FULL NAME Nannie Elizabeth Bates

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

4. Sex F / 5. Color or race W 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 December 26, 1953
(Month) (Day) (Year)

8. AGE: Years 93 Months 5 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William Bates 9

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

14. Maiden name Zerelda Nowlin
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. I. S. Wilson

(b) Address Excelsior Springs Mo.

17. (a) Burial (b) Date thereof 6/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Clarence Buchard

(b) Address Excelsior Springs Mo.

19. (a) 6/17/47 (b) Barbara Hutchins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs 1
(If outside city or town limits, write "RURAL")

(d) Street No. Highland Park Addition 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 -
year 1947 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from May 27 1947 to June 1 1947
that I last saw her alive on June 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion Duration _____

Due to Cardio vascular disease of unknown time

Due to _____

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

Major findings: Of operations 939

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:

(c) 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 0

23. Signature Young & Brown (M. D. or other) _____
Address Excelsior Springs Mo Date signed 6/17/47

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 6-16-47

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.