

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21402**
Registrar's No. **95**

FILED JUN 24 1947

Registration District No. **155** Primary Registration District No. **3127**

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town North City
(c) Name of hospital or institution:
210 N. BALL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 44 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town North City
(If outside city or town limits, write "RURAL")
(d) Street No. 210 N. Ball
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME George Bates
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10 year 1947 hour 1:30 minute 01 M.
21. I hereby certify that I attended the deceased from..... to..... 19..... that I last saw him alive and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion
Duration.....

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

Major findings:
Of operations.....
Of autopsy.....
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?.....
(d) Did injury occur in or about home, on farm, or in public place?.....

8. AGE: Years Months Days If less than one day
about 70 hr. (min)

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Music Teacher

11. Industry or business.....
12. Name George James
13. Birthplace Ark (City or town, or county) (State or foreign country)
14. Maiden name Catherine Mitchell
15. Birthplace Ark (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Gombel
(b) Address Portland Ore
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director North City
(b) Address North City
19. (a) JUNE 12, 1947 (Date received local registrar) (b) George Bates (Registrar's signature)

DR. DAWSON W. DERFELT
Coroner of Jasper County
State of Missouri
OFFICIAL SEAL
While at work?.....
Signature: D. H. Derfelt (M. D. or other)
Address 5114 Joplin Date signed 6/12/47

47-6-501

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 *Russ B. Blanford*

Licensed Embalmer No. 4015

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.