

FILED JUL 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25136

Registrar's No. 2218

Registration District No. 307

Primary Registration District No. 6036

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Brian Rural
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community 46 years
years, months or days)

3. (a) PRINT FULL NAME

Missouri C. Bates

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife

D. S. Bates

6. (c) Age of husband or wife if

alive 69 years

7. Birth date of deceased Aug 9 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 5 hr. min.

9. Birthplace Texas County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Henry Johnson

13. Birthplace Texas County Mo.
(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 D. S. Bates

(b) Address Brian Mo.

17. (a) Burial (b) Date thereof 6-15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bennett Cent.

18. (a) Signature of funeral director W. Edwards

(b) Address Doniphan, Mo.

19. (a) 6-28-47 (b) E. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Brian Rural
(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 June day 14
year 1947 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from

6-1-1947 to 6-14-1947
that I last saw her alive on 6-13-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Duration

Due to Influenza

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. Edwards (M. D. or other)

Address Doniphan, Mo. Date signed 6-28-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Officer No. 5,

District

247412

Date Filed

7-22-47

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.

not embalmed

Signed.....

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.