

FILED FEB 7 1948 49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 381

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town K O MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution HOME 2017 Kansas Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 YRS, (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME ROSA LEE BATES

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FE 3 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JAMES 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased OCT 30 1889 (Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name DONT KNOW

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

14. Maiden name DONT KNOW

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

16. (a) Informant JAMES BATES

(b) Address 2017 KANSAS AVE

17. (a) BURIAL (b) Date thereof 1 29 48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND

18. (a) Signature of funeral director

(b) Address 1819 E. W. K. O. A. T. O.

19. (a) 1-28-48 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON
(c) City or town KANSAS CITY, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 2017 KANSAS AVE (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 1-4-48 to 1-24-48

that I last saw him alive on 1-24-48 and that death occurred on the date and hour stated above

Immediate cause of death Sudden Dilatation of Heart

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 12/10

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)

(e) Means of injury

23. Signature of physician C. W. Alexander M.D. or other

Address 1512 N. S. C. K. Date signed 1-28-48

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.....

W. G. Flynn

Licensed Embalmer No.....

4383

P. O. Address.....

1819 E. N^W KC 12

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.