

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada, rural center sup.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Center sup.  
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 6 yrs.  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

(c) City or town Nevada  
(If outside city or town limits, write "RURAL")

(d) Street No. East Nevada sup.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Edward Bates

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 5, 1884  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 11  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name G. Bates

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

14. Maiden name Emma Rolland

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

16. (a) Informant Mr. Clara Bates

(b) Address 6 Nevada Springs, Mo R4

17. (a) Burial, cremation, or removal Burial (b) Date thereof 3-19-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Charger

18. (a) Signature of funeral director Charger Funeral Home

(b) Address Nevada, Mo

19. (a) 3-20-48 (b) W. Nathan Jarney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 16  
year 48 hour 10 minute AM

21. I hereby certify that I attended the deceased from 2-20, 1947, to 3-16, 1948  
that I last saw him alive on Dec, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 61

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 F. L. Martini (M. D. or other) M.D.

Address Nevada Date signed 3-16-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 2-48-287

Date Filed 3-23-48

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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

*Mark E. Eickinger*

Licensed Embalmer No. 12656

P. O. Address Nebraska, 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.