

FILED JUL 12 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2678

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution LAKESIDE Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether years, months or days)
In this community 7 Days

3. (a) PRINT FULL NAME

Richard D. Bates

3. (b) If veteran

name war NONE

3. (c) Social Security No.

NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

NONE

6. (c) Age of husband or wife if

alive 20 years

7. Birth date of deceased

JUNE

20

1948

8. AGE:

Years

Months

Days

If less than one day

0

0

7

hr. min.

9. Birthplace

Kansas City

Mo.

0

10. Usual occupation

Infant

11. Industry or business

MOTHER FATHER

12. Name

9

13. Birthplace

9

14. Maiden name

Lola Mae Bates

15. Birthplace

Kansas City

Mo.

0

16. (a) Informant

C.R. Bates

(b) Address

Overland Park, Kansas

17. (a) Burial

Burial

(b) Date thereof

6/28/48

(c) Place: burial or cremation

Maple Hill, K.C.X.

18. (a) Signature of funeral director

Gates Funeral Home

(b) Address

1801 Olive Blvd. K.C.X.

19. (a) Date received local registrar

6-28-48

(b) Registrar's signature

Thelma Holmes

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County JOHNSON
(c) City or town Overland Park
(If outside city or town limits, write "RURAL")
(d) Street No. 8600 Walnut
(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 27
year 1948 hour 3 minute 55 A.M.
BIRTH

21. I hereby certify that I attended the deceased from 6-20-48, 1948, to 6-27- 1948
that I last saw him alive on 6-26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

MASSIVE ATELECTASIS

Duration

1 hr.

Due to

PREMATURE BIRTH

2 mo.

Due to

MATERNAL TOXEMIA

7 mo.

Other conditions

(Include pregnancy within 3 months of death)

Major findings

Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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)
While at work? ✓ Means of injury ✓

23. Signature

Dr. Chas. A. Schaub (M.D. or other)

Address

Overland Park

Date signed

6-27-48

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 _____

working under my personal supervision. _____ Registered Apprentice No. _____

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.