

FILED AUG 11 1948

 MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 23928

Registration District No. 276

Primary Registration District No. 4445

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Orrick, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 years, months or days) One Week

3: (a) PRINT

FULL NAME Alonzo Bates

3. (b) If veteran,

name war: -

3. (c) Social Security No.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Myrtie May Bates
 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased April 8, 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 24 hr. - min.

9. Birthplace Orrick, Missouri (City, town, or county) (State or foreign country) 17

10. Usual occupation Farming

11. Industry or business Retired

12. Name David Bates

13. Birthplace Unknown, Ky. (City, town, or county) (State or foreign country) 1

14. Maiden name Mary Ann Petty

15. Birthplace Unknown, Ky. (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Myrtie May Bates

(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof 7/4/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Life F. Home

(b) Address Richmond, Missouri

19. (a) 7/3/48 (b) Hebert L. Soper
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
 (c) City or town Richmond, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. Reyburn Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
 year 1948 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 6-48
 _____, 19____, to July 2-48, 1948

that I last saw him alive on July 2-48, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Endocarditis

Due to Chronic Nephritis

Arteriosclerosis

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)
 (a) Means of injury 2

23. Signature G. F. Simmons (M.D. or other) A.C.

Address Richmond, Mo Date signed 7-3-48

RECEIVED
Sanitary Health Officer No. 8,
District File Number.....
Date Filed 8-18-48

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 *Harri Gust*
Licensed Embalmer No. 4096
P. O. Address Richmond, Va.

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.