

FILED JUL 19 1948

Registration District No. 333

Primary Registration District No. 6196

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Texas
 (b) City or town Rural Sherrill
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME

Charles T. Bates

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Pauline Bates
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased May 30 1880
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 5 _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business

12. Name George Bates
 13. Birthplace Not Known
 (City, town, or county) (State or foreign country)
 14. Maiden name Not Known
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Pauline Bates

(b) Address Licking, Mo.
 17. (a) Hooker, Mo. (b) Date thereof July 7, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hooker Cem.18. (a) Signature of funeral director H. J. Smith(b) Address Licking, Mo.

19. (a) July 7, 1948 (b) Elnora Nessel
 Date received (local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
 year 1948 hour 11 minute 40a.M.

21. I hereby certify that I attended the deceased from _____, 19____, to July 5, 1948
 that I last saw him alive on July 5, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Branches (Pneum.) Duration _____Due to Endocarditis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy 926

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) _____ (Means of injury)

23. Signature L. J. Randall (M. D. or other) MD
 Address Licking, Mo. Date signed 7-7-48

RECEIVED 7-14-48
District Health Officer No. 5,
District File Number 78465
Date Filed 87-71-1

JUL 24 1948

CHURCH T. ...

W

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 *Wm. W. McDonald*

Licensed Embalmer No. *3806*

P. O. Address *Salem, 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.