

National Office of Vital Statistics
FILED AUG 26 1948

Registration District No. 149

Primary Registration District No. 1002

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 Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME VIRGIL H. BATES

3. (b) If veteran, name war WW II 3. (c) Social Security No. 495-01-9472

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Emily Jane Bates 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased August 7 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 11 24 13 hr. 24 min.

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

10. Usual occupation Machine Maintenance

11. Industry or business Unity School

12. Name Thomas I. Bates

13. Birthplace No Record Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Peterson

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

16. (a) Informant Mrs. Emily Jane Bates

(b) Address 6400 Bennington R.R. #2

17. (a) Burial (b) Date thereof 7/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hills Cemetery

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

(b) Address 1901 Olathe Blvd., K.C. K.

19. (a) 7-21-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 6400 Bennington R.R. #2
(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 20
year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7/17
1948 to 7/20 1948
that I last saw him alive on 7/20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.

pulmonary embolism
acute pyelonephritis

Due to.

Due to.

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

Major findings:
Of operations.

Of autopsy.

1230

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? (e) Means of injury

23. Signature Jack M. Davis (M. D. or other) M.D.

Address Raytown, Mo. Date signed 7/21/48

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

MOTHER FATHER

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

Jimmy S. Hakabo

Licensed Embalmer No. 4092

P. O. Address Miami, Fla.

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.