

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32787  
State File No. 3946  
Registrar's No.

FILED NOV 4 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:  
625 Garfield  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 55 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM BATH  
3. (b) If veteran, name war World War I  
3. (c) Social Security No. none  
4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced Mar  
6. (b) Name of husband or wife Ruth  
6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased March 18 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 6 9 hr. min.

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

10. Usual occupation Night Watchman

11. Industry or business Oddos Market

12. Name Jacob Bath

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

14. Maiden name Emma Spencer

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

16. (a) Informant Ruth Bath

(b) Address 625 Garfield

17. (a) Burial (b) Date thereof 9-29-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 9-29-48 (b) W. H. Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 625 Garfield  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 27  
year 1948 hour 6 minute 45 P.M.  
21. I hereby certify that I attended the deceased from July 21, 1948, to Sept 27, 1948  
that I last saw him alive on Sept 16, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 18 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 942

Of autopsy

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) (c) Means of injury

23. Signature W. H. Holmes (M. D. or other) MD

Address 103 N. Elmwood Date signed 9/28/48

**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

*DLG*

, Registered Apprentice No. *274*

working under my personal supervision.

Signed

*OK McFarland*

Licensed Embalmer No. *4397*

P. O. Address *Kansas City 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.**