

FILED DEC 23 1948

Registration District No. **278**

Primary Registration District No. **3054**

1. PLACE OF DEATH:

(a) County **Pike**
(b) City or town **Louisiana**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pike Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether
In this community **Lifetime**
years, months or days)

3. (a) PRINT **ROBERT DOUGLAS BATES**
FULL NAME

3. (b) If veteran, ********* 3. (c) Social Security
name war **No**

4. Sex **Male** 5. Color or race **Colored**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Vina Page Bates**
6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **Feb. 14 1881**
(Month) (Day) (Year)

8. AGE: Years **67** Months **10** Days **3**
If less than one day
hr. min.

9. Birthplace **Pike Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Trucking**

11. Industry or business **Trucking**

MOTHER FATHER
12. Name **Willas Bates**
13. Birthplace **Pike Co. Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Kollie Taylor**
15. Birthplace **Marion Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Abbie Johnson**

(b) Address **Louisiana, Missouri**

17. (a) **Burial** (b) Date thereof **12/19/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Riverview Cem.**

18. (a) Signature of funeral director **Garner & Sterne**

(b) Address **Louisiana, Missouri**

19. **12-19-48** (b) **Bernice Collier**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pike**
(c) City or town **Louisiana**
(If outside city or town limits, write "RURAL")
(d) Street No. **921 Dougherty Pike**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **17**
year **1948** hour **2** minute **35 A.M.**

21. I hereby certify that I attended the deceased from
10-31, 19**48**, to **12-17**, 19**48**
that I last saw him alive on **12-17**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary
thrombosis**

Due to **Hypertensive Cardio-vascular Renal
Disease**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **None**
Of autopsy **None**

Duration

1 1/2 MO

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? (c) Means of injury

23. Signature **Z. R. Johnson Jr** (M. D. or other **ND**)
Address **Louisiana Mo** Date signed **12-17-48**

RECEIVED

District Health Officer No. 10

District File Number 12-48-2189

Date Filed DEC 22 1948

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.....

Virginia M. Stone, Registered Apprentice No. 289
working under my personal supervision.

Signed.....

Harold V. Turner

Licensed Embalmer No. 3720

P. O. Address Lawrence 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.