

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town M.C.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 52 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME 39 Posey Bates
3. (b) If veteran, name war — 3. (c) Social Security No. 499-07-8468

4. Sex ma 5. Color or race W.C. 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April 14 1888 (Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Normandie Penn. (City, town, or county) (State or foreign country)

10. Usual occupation labor

11. Industry or business
12. Name John G. Bates
13. Birthplace Normandie Penn. (City, town, or county) (State or foreign country)
14. Maiden name —
15. Birthplace — (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Martin L. Haver
(b) Address 1225 Penn

17. (a) Burial (b) Date thereof 2-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Mrs. C. J. Fowler
(b) Address 918 Broadway N. E. 2nd

19. (a) Feb. 8, 1940 (Date received local registrar) M. H. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Jackson
(c) City or town M.C. (If outside city or town limits, write "RURAL")
(d) Street No. 1329 Grand (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16 1940
hour 8:00 P. minute — M.
21. I hereby certify that I attended the deceased from 8:00 P. to — 1940
the deceased was alive on — 1940
at a fatal death occurred on the date and hour stated above.
Immediate cause of death Engorgement
Resulting from pneumonia

Other conditions (include pregnancy within 3 months of death)
Due to Engorgement
Resulting from pneumonia

Major findings:
Of operations —
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) (a) Means of injury —
23. Signature Walter H. Hester (M. D. or other)
Address 516 Ave Date signed —

PHYSICIAN
—
Underline the cause to which death should be charged statistically.

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..... *me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Daniel P. Browning*

Licensed Embalmer No. *2724*

P. O. Address *H. P. 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, above space should be left blank.