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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41208

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4601

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

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: St Mary's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 717 Cypress
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

Frank Artimas Bates

3. (a) PRINT FULL NAME Frank Artimus Bates
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Irene Bates
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Sept (Month) 13 (Day) 1864 (Year)
8. AGE: Years 76 | Months 2 | Days 19 | If less than one day ____ hr. ____ min.
9. Birthplace (City, town, or county) Ill (State or foreign country)
10. Usual occupation Painter & Decorator
11. Industry or business
MOTHER FATHER
12. Name Edgar Bates
13. Birthplace (City, town, or county) Ill (State or foreign country)
14. Maiden name Elizabeth Root
15. Birthplace (City, town, or county) Ill (State or foreign country)
16. (a) Informant Geo. M Bates
(b) Address 717 Cypress
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 40 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Wm C. Foster
(b) Address 918 Brookeyn
19. (a) 12-3-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1940 hour 2 minute a M.
21. I hereby certify that I attended the deceased from 11-21-40 12/2 1940 to ____ 19__; that I last saw him alive on 12/2 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 10 days
Due to Vascular Sclerosis
Due to Senil
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Carry Chf Surgeon
Reg Cerebrum

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. J. Burns (M. D. or other)
Address 906 Grand ave Date signed 12/4/40

(Licensed Embalmer's Statement on Reverse Side)

Vic: 281/3
9 Grand

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.