

No. 2  
-1-4-41  
-17-39  
X253

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15298

State File No. ....

MAY 21 1941

Registration District No. 604

Primary Registration District No. 5808

Registrar's No. ....

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Point Pleasant, Mo. Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Bern's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid  
(c) City or town Point Pleasant, Mo. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
year 1941 hour 9 minute a.M.  
21. I hereby certify that I attended the deceased from May 13 1941, to May 15 1941  
that I last saw him alive on May 13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio-pneumonia Duration 4da.  
Due to measles 1 5da.

Due to 17/0  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME CHARLES EDWARD BATES

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

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 12 ..... hr. .... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Earle E. Bates  
13. Birthplace Carolin, Mississippi  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Williams  
15. Birthplace Point Pleasant, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Earle E. Bates  
(b) Address Point Pleasant, Missouri

17. (a) Burial (b) Date thereof 5/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Point Pleasant, Mo.

18. (a) Signature of funeral director R. M. Payne  
(b) Address Portageville, Mo.

19. (a) 5/19/41 (b) Wm. O. Banner  
(Date received local registrar) (Registrar's signature)

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?  
592  
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature John J. Killian (M. D. or other) 1  
Address Portageville Mo Date signed 5-15-41

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**