V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21438

State File No.

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 141

49
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3

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 902 S. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community 23 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL") 3
(d) Street No. 902 S. Main
(If rural, give location)
(e) Citizen of foreign country? No D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Henry Bates

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. 492-07-8936

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Madge Bates 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased September (Month) 14 (Day) 1881 (Year)

8. AGE: Years 60 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Frankfort (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Graham Paper Company

FATHER
12. Name Archibold Bates
13. Birthplace — (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Sullivan
15. Birthplace — (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Madge Bates
(b) Address 902 S. Main, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) July 11, 1942 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-24, 1942 to July 9, 1942 that I last saw him alive on June 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Coronary sclerosis

Due to Degenerative heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
Of autopsy

Duration: Several months; Several months

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 W. Russell Smith (M. D. or other) MD
Address Carthage, Mo. Date signed 7-11-42

1263

(Licensed Embalmer's Statement on Reverse Side)

42-6-591

FILED 28 1942

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 F. W. Kruse

Licensed Embalmer No. 814

P. O. Address Carthage, 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.