

FILED DEC 3 1943

4827

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Northeast Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days) 39 years

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. 3216 Morrell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAURICE E. 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 Married

6. (b) Name of husband or wife Ada O. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 7, 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 45 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace New Bedford Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Electrical Engineer

11. Industry or business City Electrician

12. Name John A. Bates

13. Birthplace New Bedford Mass.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Coffin

15. Birthplace New Bedford Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Bates
(b) Address 3216 Lexington

17. (a) Burial (b) Date thereof Nov. 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.,

19. (a) 11-16-43 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 5
1943 to Nov 13 1943
that I last saw him alive on Nov 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure
Due to Hypostatic pneumonia
Due to Chronic Myocarditis
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: a 3rd
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?

23. Signature E. P. Reese (M. D. or other) DO
Address 3309 6 1/2th Date signed 11-15-43

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

St. Paul

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.