

FILED APR 17 1947

Registration District No. 7

Primary Registration District No. 3014

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(c) Name of hospital or institution:
459 no. mo. st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 459 no. mo. st.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 47 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec
1946 to March 22, 1947;
that I last saw him alive on March 22, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Artery Thrombosis 30 min
Due to Coronary Sclerosis 2 yrs
Due to _____

Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations 94A
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)
(e) Means of injury _____

23. Signature M.R. Schumacher (M. D. or other) M.D.
Address Liberty Mo. Date signed 3-23-47

3. (a) PRINT FULL NAME FERDINAND BATES

3. (b) If veteran, name war World War one 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Bates 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 7 1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Odesa Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation District Mgr. Gas and Elec.

11. Industry or business _____
12. Name Ferdinand T. Bates
13. Birthplace Herman Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah F. Sheahan
15. Birthplace Blainstein Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Garrett
(b) Address 21 E. no. Garrett

17. (a) Burial (b) Date thereof Mar 24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director John S. Lamborn
(b) Address 111 No. Water St. Liberty Mo.

19. (a) March 24, 1947 (b) Minnie Haynes
(Date received local registrar) (Registrar's signature)

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

24
2
1

64

RECEIVED

District Health Officer No. 8,

District File Number

4-15-47

Date Filed

MAY 20 1947

APR 28 1947

SEP 11 1950

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.....

John S. Forbess....., Registered Apprentice No. 400
working under my personal supervision.

Signed *Edgar Archer*.....

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.