

No. 2
-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Schorling
17953
State File No.
Registrar's No. 7

Registration District No. 171

Primary Registration District No. 5637

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Rural - Clay Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 mi. West Bates City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 56 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Rural? (If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. West Bates City Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Solon Bainbridge

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 Sallie Bainbridge 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan. 19 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer - Retired.

11. Industry or business _____

MOTHER FATHER

12. Name Natins Bainbridge
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Aket.
15. Birthplace Smithville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant M. Constance Pearson
(b) Address Bates City, Missouri

17. (a) Burial (b) Date thereof March 19 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bates City - Cem.

18. (a) Signature of funeral director Oliver Adams

(b) Address Refuge Mo.

19. April 26 '47 (Date received local registrar) Lester H. [unclear] (Registrar's signature) 153

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17 year 1947 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from Mar 10 1947 to Mar 17 1947 that I last saw him live on Mar 17 1947 and that death occurred on the date and hour stated above

Immediate cause of death Cerebral Hemorrhage
Hypertension
Arterio Sclerosis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 82
Of autopsy _____

Duration

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

23. Signature [Signature] (M. D. Mo.)
Address [Address] Date signed 3/19/47

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

RECEIVED

District Health Officer No. 8,

District File No. _____

Date Filed _____

5-22-47

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

Carlton R. Blinn

Licensed Embalmer No. *2975*

P. O. Address. *Adena 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.