

FILED Feb 13 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3506
Do not use this space.

1. PLACE OF DEATH
 (a) County Ray Registration District No. 744
 (b) Township Richmond 2 Primary Registration District No. 3035 Registered No. 276
 (c) City Richmond or (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Bates 320
 (a) Residence, No. 320 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Sarah Bates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 - 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>46</u>	<u>10</u>	<u>7</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. mine operator

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Richmond Mo (STATE OR COUNTRY) Ray Co.

FATHER

13. NAME Robert F. Bates 0

14. BIRTHPLACE (CITY OR TOWN) Ray Co. (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Julia Cispirin 0

16. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Mo.

17. INFORMANT Sarah Bates (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Richmond DATE Feb 5th, 1948

19. FUNERAL DIRECTOR (NAME) J. B. Smith (ADDRESS) Richmond Mo.

20. FILED Feb 9, 19 40 M. A. Jackson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 19 40

22. I HEREBY CERTIFY, That I attended deceased from 2-2-40, 19, to 2-4-40, 19. I last saw him alive on 2-4-40, 19. Death is said to have occurred on the date stated above, at 5 a.m. The principal cause of death and related causes of importance were as follows:
Carcinoma of duodenum
Tertiary Syphilis
 Date of onset ?

Other contributory causes of importance:
40

Name of operation none Date of _____
 What test confirmed diagnosis? PE, H&E Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Harry M. Griffith, M. D.
 (Address) Richmond, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X18605

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.....

J B Brothers
.....
working under my personal supervision.

Registered Apprentice No.....

Brother's Funeral Home
Signed *J B Brothers*
.....

Licensed Embalmer No. *2001*
.....

P. O. Address *Pulmonod 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, above space should be left blank.