No. 2
—5-42
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35568

State File No.

FILED NOV 12 1943

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 63

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 89
(a) State Missouri (b) County Ray
(c) City or town Richmond (If outside city or town limits, write "RURAL")
(d) Street No. 727 East Main St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Virginia E. Bates
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Chas. F. Bates
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 29 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
86	6	2	hr. min.

9. Birthplace Rayville (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name James T. Lamar
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country) /
MOTHER
14. Maiden name Sarah Buster
15. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Horace Bates
(b) Address Richmond Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2. 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo.
18. (a) Signature of funeral director [signature]
(b) Address Richmond Mo.
19. (a) Nov 1 1943 (Date received local registrar) (b) Mrs Chas W. Sheppard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1943 hour 11/30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 20 1943 to Oct 31 1943
that I last saw her alive on Oct 31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration
Due to Brights
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 [signature] Greene (M. D. or other)
Address Richmond Mo. Date signed

1350

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number
Date Filed 11-11-43

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 E. Thrisman

Licensed Embalmer No. 2073

P. O. Address Richmond Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—5-43
X36930

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. FILED NOV

Registration District No. ______ Primary Registration District No. ______ Registrar's No. ______

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ______ (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ______ (Specify whether years, months or days)
In this community ______

2. USUAL RESIDENCE OF DECEASED:
(a) State ______ (b) County ______
(c) City or town ______ (If outside city or town limits, write "RURAL")
(d) Street No. ______ (If rural, give location)
(e) Citizen of foreign country? ______ (Yes or No)
If yes, name country ______

3. (a) PRINT FULL NAME Virginia E. Bates
3. (b) If veteran, name war ______
3. (c) Social Security No. ______

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife ______
6. (c) Age of husband or wife if alive ______ years

7. Birth date of deceased April 29 - 1860 (Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days ______ If less than one day ______ hr. ______ min.

9. Birthplace ______ (City, town, or county) Mo. (State or foreign country)
10. Usual occupation ______
11. Industry or business ______

FATHER
12. Name ______
13. Birthplace ______ (City, town, or county) ______ (State or foreign country)

MOTHER
14. Maiden name ______
15. Birthplace ______ (City, town, or county) ______ (State or foreign country)

16. (a) Informant ______
(b) Address ______
17. (a) ______ (Burial, cremation, or removal) (b) Date thereof ______ (Month) (Day) (Year)
(c) Place: burial or cremation ______
18. (a) Signature of funeral director ______
(b) Address ______
19. (a) ______ (Date received local registrar) (b) ______ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1943 hour ______ minute ______ M.

21. I hereby certify that I attended the deceased from ______, 19___ to ______, 19___;
that I last saw h___ alive on ______, 19___;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Brights Chronic	
Due to ______	
Other conditions ______ (Include pregnancy within 3 months of death)	
Major findings: Of operations ______	PHYSICIAN
Of autopsy ______	Underline the cause to which death should be charged statistically.

131 b

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 E. R. Greaves (M. D or other)
Address Richmond Mo. Date signed [illegible]

35568