

Registration District No. **297**

Primary Registration District No. **6022**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **Ray**
 (b) City or town **Richmond** **Rural** *Richmond*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *St. Mary's*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **75 Years**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray** **89**
 (c) City or town **Richmond** **Rural** **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Five Miles North** **0**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **William Lee 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 **Elizabeth C. Bates** 6. (c) Age of husband or wife if alive **71** years
 7. Birth date of deceased **May 30 1869**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	9	15	hr. min.

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

10. Usual occupation **Farming**

11. Industry or business

12. Name **David V. Bates**
 13. Birthplace **Virginia**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary Anna Pettyillard**
 15. Birthplace **Or Virginia**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Forest Bates**
 (b) Address **Richmond, Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 20 1945**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Sunny Slope**

18. (a) Signature of funeral director *J. Thurman*
 (b) Address **Richmond, Mo.**

19. (a) **Mar 19 1945** *Miss Chas W Shippard*
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **17**
 year **1945** hour **8** minute **15.A.** M.

21. I hereby certify that I attended the deceased from **Mar. 10**, 19**45** to **Mar. 17**, 19**45**
 that I last saw him alive on **Mar. 17**, 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial insufficiency** **3 days**
 Due to **Uremic poisoning** **3 days**

Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 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 **DO**
 23. Signature *Dr. E. J. Keravich*
 Address **Richmond, Mo.** Date signed **Mar 19 45**

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 19

Registration District No. 297

Primary Registration District No. 6022

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural Richmond Twp
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Wm Lee Bates
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 30 (Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days _____ (Unless than one day) min.
9. Birthplace Mo (City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

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

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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May Year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

Duration of days _____
Due to by postoperative _____ 19____
+ chronic hepatitis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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 car
23. Signature A. E. G. Kerans (M. D. or other) _____
Address Richmond, Mo Date signed Apr. 14, 1945

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

SUPPLEMENTARY

APR 12

File

10482