

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 144

1. PLACE OF DEATH:

(a) County. Clay  
(b) City or town. Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Excelsior Springs Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Clay  
(c) City or town. Excelsior Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Robert Lee Bates

3. (b) If veteran, name war. None 3. (c) Social Security No. None

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

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

7. Birth date of deceased. December 21 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 9 28 hr. min.

9. Birthplace. Clay Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

12. Name. Chas. F. Bates

13. Birthplace. Ray Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name. Elizabeth Miller

15. Birthplace. Ray Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant. Harold W. Bates

(b) Address. Excelsior Springs Mo.

17. (a) Burial (b) Date thereof. Oct. 22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. xxxxx Masonic Cemetery

18. (a) Signature of funeral director. Clayton Richard

(b) Address. Excelsior Springs Mo.

19. (a) 10-22-44 M to Eddie Redmon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1944 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 11 1943 to Oct 19 1944 that I last saw him alive on 10-19 1944 and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumonia (Post operative)

Due to Prostatectomy

Due to Carcinoma

Other conditions. Primary leukemia  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma Prostate

Of operations. none

Of autopsy. none

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. E. E. Baggett (M. D. or other)

Address. Excelsior Springs Date signed 10-21-44

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

MOTHER FATHER

1166

NOV 16 1944

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-6-44

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

*Carl Rapp*

Licensed Embalmer No. *3458*

P. O. Address *St. Louis, 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.