

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

Do not use this space.

40057

1. PLACE OF DEATH

County JACKSON

Registration District No. 389

Township KAW

Primary Registration District No. 1002

City KANSAS CITY

(No. 5532-BALES)

File No. 1

Registered No. 5065

St. _____

Ward _____

2. FULL NAME

MRS. MARTHA ELIZABETH BATCHELAR

(a) Residence, No. 5532-BALES
(Usual place of abode)

St. 16

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

ALFRED A BATCHELAR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

SEPTEMBER-17-1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

61

3

11

OCCUPATION

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

HOUSEWIFE

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

235

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

INDIANA

FATHER

13. NAME ABNER FOREMAN

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

UNKNOWN

15. MAIDEN NAME UNKNOWN

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

UNKNOWN

17. INFORMANT (ADDRESS)

MR. H. J. BATCHELAR
1199 EAST 66th ST.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Acacia Park DATE DECEMBER 31, 1932

19. UNDERTAKER (ADDRESS)

D. W. NEWCOMER'S SONS
KANSAS CITY, MISSOURI

20. FILED

12/30 1932 M. M. Browne
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

12/28/32, 19

22. I HEREBY CERTIFY, That I attended deceased from

September 19, 1932

I last saw him alive on _____, 19

to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Thrombotic coronary occlusion

Chronic fibrous myocarditis

Other contributory causes of importance:

93C
94B
13
17

Name of operation

Date of _____

What test confirmed diagnosis?

Autopsy Was there an autopsy? Yes

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?

If so, specify

(Signed)

(Address)

_____, M. D.

D. W. Newcomer
Asst. Registrar.

