

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

Do not use this space.

36597  
4519

**1. PLACE OF DEATH**

County JACKSON Registration District No. 399  
Township KAW Primary Registration District No. 1002  
City KANSAS CITY (No. RESEARCH HOSPITAL) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

JOHN N. BATTENFELD  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ RAYTOWN, MISSOURI  
(Usual place of abode) (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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>MRS. HARRIET C. BATTENFELD</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL 2-1863</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>7</u>
	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RETIRED</u>	<u>45</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>53</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>57</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>HERSFELD GERMANY</u>	<u>5-13-1874</u>	
MOTHER FATHER	13. NAME <u>NICHOLAS BATTENFELD</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	
	15. MAIDEN NAME <u>UNKNOWN GEBAUER</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	
17. INFORMANT <u>MR. JESSE R. BATTENFELD</u> (ADDRESS) <u>5106 CHERRY ST</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CREMATION</u> DATE <u>NOV-20 1933</u>		
19. UNDERTAKER <u>D.W. NEWCOMER'S SONS</u> (ADDRESS) <u>2111 EAST 9TH ST</u>		
20. FILED <u>11-18 1933</u> <u>m m crouse</u> <u>ast</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 26-May 1923, to Nov 17 1933  
I last saw him alive on Nov 17 1933 Death is said to have occurred on the date stated above, at 3:10 P.M.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia pleurisy & metastases of liver including cancer in pancreas & breast  
Other contributory causes of importance: asthma  
General Anemia for 2 years  
Arteriosclerosis  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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? No  
If so, specify Chemist's office  
(Signed) H. B. 2. H. Rosenthal M. D.  
(Address) Hennepin St. Mo

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.

1132 Professional Bldg.

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