

6-11-1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

44888

Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 908
 (b) Township Mountain Grove Primary Registration District No. 4549
 (c) City Mountain Grove (d) Street No. _____
 (e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 66

2. PRINT FULL NAME

(a) Residence, No. Mountain Grove St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Newton L. Batten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
61 11 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Director
 9. Industry or business in which work was done, as saw mill, bank, etc. Funeral
 10. Date deceased last worked at this occupation (month and year) 2 weeks ago
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grenada, Miss.

13. NAME Wiley Barnes

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

15. MAIDEN NAME Ada Wellford

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

17. INFORMANT (ADDRESS) Mrs. Glenn L. Perry
320 Quaker Ave., Janesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Will Chest DATE Jan 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George Stapp
Mountain Grove, Mo.

20. FILED 12-31 1939 Bernice Montgomery Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 - 1938 to Dec. 29 - 1938
 I last saw him alive on Dec. 29 - 1938. Death is said 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:

Acute Dilatative Heart.
5412-

Other contributory causes of importance:
Pneumonia
Septicemia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

Nature of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Dr. Perry M. D.
John. Perry, Mo. (Address)

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, _____

Registered Apprentice No. _____, working under my personal supervision

Signed _____

Licensed Embalmer No. 3161

P. O. Address Wm. Lane Md.

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, above space should be left blank.