

JUN 8 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17462

Do not use this space.

1864

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. St. Joseph Hospital St. St.
 (e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daniel L. Batchelor

(a) Residence, No. 440 W. 35th Street St. Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Lillie E. Batchelor
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1860

7. AGE YEARS 79 MONTHS - DAYS 25 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. railroad ticket agent
 10. Date deceased last worked at this occupation (month and year) Oct. 1938 Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) St. Catherine
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Abraham Batchelor

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

MOTHER 15. MAIDEN NAME Mary Percy

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

17. INFORMANT Mrs. Lillie E. Batchelor
 (ADDRESS) 440 W. 35th St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Osage City, Kansas DATE May 5, 1939

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary
 (ADDRESS) 104 W. 42nd St., K.C., Mo.

20. FILED May 4, 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...
 I last saw him alive on May 2, 1939. Death is said to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance were as follows:
Occasional shock
Following
suprapubic prostatic
shock
Prostatectomy

Other contributory causes of importance:

Name of operation Prostatectomy Date of May
 What test confirmed diagnosis? Clinical 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) Freeman Mortuary M. D.(Address) 928 Arapahoe St.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

17462-

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township R.C. Primary Registration District No. 1002-1 Registered No. 1864
(c) City St. Joseph (d) Street No. Wagon St. Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 440 W-35th St. St. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>79</u>	YEARS <u>-</u>	MONTHS <u>25</u>
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)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE		
19. FUNERAL DIRECTOR (ADDRESS)		
20. FILED <u>May 4, 1919</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 3, 1919</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>May 3, 1919</u> to <u>May 3, 1919</u> . I last saw him alive on <u>May 3, 1919</u> . Death is said to have occurred on the date stated above, at <u>St. Joseph, Mo.</u> The principal cause of death and related causes of importance were as follows: <u>Septic shock following supra pubic prostatectomy</u> Other contributory causes of importance: <u>13' Hypertrophy of prostate</u> Name of operation <u>Prostatectomy</u> Date of operation <u>5-1-19</u> What test confirmed diagnosis? <u>Prostate</u> Was there an autopsy? <u>yes</u> 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Prostate</u> Date of injury <u>5-1-19</u> Where did injury occur? <u>Prostate</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>Prostate</u> Nature of injury <u>Prostate</u> 24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Prostate</u> (Sign) <u>Leon Rosenwald</u> , M. D. (Address) <u>928 Argyle</u>

SUPPLEMENT

