

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.

8 1939

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

43234

Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb Registration District No. 259
(b) Township Couderc Primary Registration District No. 3359 Registered No. _____
(c) City Annix (d) Street No. _____
(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. 361 Stuebner Battorff St. ☐ (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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
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) Annix Mo.

FATHER 13. NAME Finley Emerson Battorff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star, Mo.

MOTHER 15. MAIDEN NAME Gertrude Barringer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasview Kansas

17. INFORMANT (ADDRESS) Finley Emerson Battorff

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 12-4 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. G. Pilcher
Mapleville, Mo.

20. FILED 12-4 39 Estel H. Row Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1939, to Dec 4 1939

I last saw him alive on not at all, 19____. 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:

Date of onset

Stuebner

Other contributory causes of importance:

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.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. E. Samson M. D.

(Address) Stewartsville

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.