

UNITED STATES BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

1263

Registration District No.

399

Primary Registration District No.

1002

Registrar's No.

## 1. PLACE OF DEATH:

(a) County JACKSON  
 (b) City or town KANSAS CITY  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Joseph's Hosp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 hr  
 (Specify whether  
 In this community  
 years, months or days) 32 hr

3. (a) PRINT FULL NAME CURTIS SAMUEL BATSELL

3. (b) If veteran, name war 20 3. (c) Social Security No. 700

4. Sex MALE 5. Color of race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Reta Batzell 6. (c) Age of husband or wife if alive 39 years7. Birth date of deceased Apr. 16 1901  
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 7 If less than one day  
 hr. min.

9. Birthplace Holden Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation KANSAS CITY STAR CARRIER

11. Industry or business

12. Name J. G. BATSELL13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)14. Maiden name Clara Day15. Birthplace Ohio  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Reta Batzell(b) Address Holden, Mo.17. (a) Burial (b) Date thereof 3-24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Holden, Mo.18. (a) Signature of funeral director T. W. Goodman(b) Address Holden, Mo.19. (a) Mar 22 1940 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson  
 (c) City or town Holden  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. North Olive  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23  
 year 1940 hour 12:45 minute 9 M.

21. I hereby certify that I attended the deceased from 3-22  
 1940, to 3-23, 1940  
 that I last saw him alive on 3-23, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcus  
retroperitoneal abscess  
infective lymph adenitis  
 Due to Staphylococcus 32 days  
 Due to \_\_\_\_\_  
 Other conditions 1940  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident(b) Date of occurrence 3-24-40(c) Where did injury occur? Holden (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) shrimp  
(a) Means of injury left truck23. Signature Robert M. Barker (M. D. or other)Address 736 Argyle Date signed 3-23-40

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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

*Samuel B Rapp*

Licensed Embalmer No.

*4044*

P. O. Address

*Holden Mo*

**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.**