No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29336

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 271

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 to Aug 21 (Specify whether
In this community about the same time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. ——
(If rural, give location)

(e) If foreign born, how long in U. S. A.? —— years.

3. (a) PRINT FULL NAME LEWIS BATISTE 323

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased (Month) Mch (Day) (Year)

8. AGE: Years 63 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Taffe [illegible] (City, town, or county) Fo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Son no

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record

(b) Address Sedalia #2

17. (a) Sedalia (Burial, cremation, or removal) (b) Date thereof 8-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia

18. (a) Signature of funeral director F. E. Frazier

(b) Address Sedalia

19. (a) 8-26-40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21, 40
year ____ hour 1030 minute ____ M.

21. I hereby certify that I attended the deceased from Aug 1-40, 19__ to Aug 21-40, 19__;
that I last saw him alive on Aug 18 40, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema. Asthma
Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. Lemmitchell (M. D. or other) MD

Address Sedalia Mo Date signed Aug 26

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-11-40

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 R. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.