

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

17979

Registration District No.

379

Primary Registration District No.

4223 55-29

Registrar's No.

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Rural Chautauq
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME

LUCY ELLEN BATTERTON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Presley Batterson 6. (c) Age of husband or wife If alive ✓ years
7. Birth date of deceased May 23, 1864 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 0 41 hr. min.

9. Birthplace Richmond, 1 Ky (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Carom Burgin
13. Birthplace 1 Ky (City, town, or county) (State or foreign country)
14. Maiden name Mary Frances Fowler
15. Birthplace 1 Ky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Batterson
(b) Address Roanoke, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke, Mo

18. (a) Signature of funeral director H. P. McLeary

(b) Address Glasgow, Mo

19. (a) 5-28-41 (Date received local registrar) (b) J. W. Gardner M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Rural Chautauq (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1941 hour 9 minute 45 a.m.
21. I hereby certify that I attended the deceased from 4/21/39 to 5 23, 1939
that I last saw her alive on May 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction Duration

Due to appoplexy (cerebral)
Due to Arteriosclerosis

Other conditions (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)
(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?
340 (Specify type of place)
While at work? (c) Means of injury

23. Signature J. W. Gardner Address Glasgow, Mo Date signed 5/28/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-10-41

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, fact should be so stated above.