

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.

FILED AUG 18 1941

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

25922

Do not use this space.

Registered No. 14 55

1. PLACE OF DEATH

(a) County Pulaski
(b) Township Tammam
(c) City

Registration District No. 716

Primary Registration District No. 15 2 25

(d) Street No. 1 (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. (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 (OR) WIFE OF Mrs. Bernice Batley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1911

7. AGE YEARS 29 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Chas. H. Batley

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

15. MAIDEN NAME Kate Burk

16. BIRTHPLACE (CITY OR TOWN) St. Paul, Minnesota (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Bernice Batley 116 S. Mass. Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo. DATE July 30, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sedalia, Mo.

20. FILED July 30, 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1941

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him on

to have occurred on the date stated above, at 8:06 P.M.

The principal cause of death and related causes of importance were as follows:

Fractured cervical vertebrae

Other contributory causes of importance: other internal injuries

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-29-41

Where did injury occur? Near Sedalia, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto accident

Nature of injury

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

If so, specify

(Signed) C. H. Batley, M. D.

(Address) Sedalia, Mo.

RECEIVED

Pulaski County Health Officer

File Number 84123

Date Filed 8-11-41

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 Geo. J. Hoops

Licensed Embalmer No. 3618

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25922
Registration District No. 716
Primary Registration District No. 5945
Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural Tavern, Mo.
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Kenneth Batley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 25 1941
(Month) (Day) (Year)

8. AGE: Years 29 Months 7 Days _____
If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) July 30 1940 (b) _____
(If received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski
(c) City or town Crocker
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to fracture cervical, vertebrae
car leaving highway
and running
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: other internal injuries
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence July 28, 1941
(c) Where did injury occur? near Crocker, Pulaski, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway 17

While at work no (Specify type of place) (e) Means of injury car wreck

23. Signature E. M. Little Crocker
Address Crocker, Mo. Date signed 10-18-41

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

