

7-2
4-41
7-39
X26390

FILED OCT 13 1941
Registration District No. **399**

Primary Registration District No. **1002**

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:
1614 Kansas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **38 years** years, months or days)

3. (a) PRINT FULL NAME **Emma Batts**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **London Batts** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **May 15 1876**
(Month) (Day) (Year)

8. AGE: Years **65** Months **4** Days **12** If less than one day hr. min.

9. Birthplace **Montgomery County Ala.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Peter Arrington**

MOTHER FATHER { 12. Name **Winston-Salem N. C.**
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name **Jane Tatum Ala.**
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **London Batts**
(b) Address **1614 Kansas Avenue**

17. (a) **burial** (b) Date thereof **10/1/41**
(Burial, cremation, or removal) **Highland Cemetery** (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Stallins Bros.**
(b) Address **1729 Lydia**

19. (a) **9/30/41** (b) **D. M. Grome**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **1614 Kansas** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **D**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **27**
year **1941** hour **11** minute **25** P. M.

21. I hereby certify that I attended the deceased from **4-20**
1941 to **Sept 27 1941**
that I last saw **her** alive on **9-22** and that death occurred on the date and hour stated above. **1941**

Immediate cause of death **Broncho-pneumonia** Duration **5 days**
Due to _____
Due to _____

Other conditions **Central Nervous System**
(Include pregnancy within 3 months of death)

Major findings: Of operations **830**
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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **P. M. Grome** (M. D. or other) **D**
Address **541 SW Blvd** Date signed **9-29-41**

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

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.....

Gene J. Marlowe

Licensed Embalmer No. *3994*

P. O. Address *2503 Highfield*

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.