

Registration District No. 906

Primary Registration District No. 4547

1. PLACE OF DEATH:  
(a) County Wright  
(b) City or town Hartville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 6 yrs. years, months or days)

3. (a) PRINT FULL NAME MARY ANN BATTRELL  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Wm. ARNOLD BATTRELL 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased ###4 5 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name JOSEPH BOYKE  
13. Birthplace unknown Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name SARAH ANN LUNSFORD  
15. Birthplace ST. FRANCIS CO. MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Flattorrey  
(b) Address Hartville Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10 9 41  
(Month) (Day) (Year)  
(c) Place: burial or cremation BOYER CEM.

18. (a) Signature of funeral director Deane E. Holden  
(b) Address Hartville Mo

19. (a) 10-10-41 (Date received local registrar) (b) W. J. Wynne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County WRIGHT  
(c) City or town HARTVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. CITY  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7  
year 1941 hour 5:20 minute P.M.

21. I hereby certify that I attended the deceased from Jan 12  
1939 to Oct 7 1941  
that I last saw her alive on Oct 5 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage 5 days  
Hypostatic Pneumonia 3 days  
Due to Chronic nephritis  
Due to Bronchitis (chronic)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1318

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 Flattorrey (If Doctor or other) De  
Address Hartville Mo Date signed 10-9-41

Duration  
Physician  
Underline the cause to which death should be charged statistically.

WHILE FILLING IN USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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.

RECEIVED

District Health Officer No. 61

District File Number 1141-1707

Date Filed NOV 10 1949

NOV 10 1949

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 E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.