

FILED APR 6 1942

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

12347

Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 908
(b) Township Wm. Grove Primary Registration District No. 4549
(c) City Mtn Grove (d) Street No. 1 St. 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 MARY FRANCIS BATY

(a) Residence, No. 10th Grove St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 JOHN CYRUS BATY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 23 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 7 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) (STATE OR COUNTRY) GRAFF MO.

FATHER 13. NAME W. M. ATCHLEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER 15. MAIDEN NAME JULIA ATCHLEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) JOHN CYRUS BATY
BEN DAVIS, MO.18. BURIAL, CREMATION, OR REMOVAL PLACE CEDAR VALLEY DATE MARCH 31 194219. FUNERAL DIRECTOR (NAME) (ADDRESS) Russ Barber
Wm. Grove, Mo.20. FILED March 24 1942 Ruby Terry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 ^{6:20 AM.} 194222. I HEREBY CERTIFY, That I attended deceased from 4:10, 1942, to 3:29, 1942I last saw her alive on 3/29, 1942. Death is saidto have occurred on the date stated above, at 5:20 PM.

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

Coronary thrombosis and Endocarditis Date of onsetOther contributory causes of importance: 92e

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

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

Manner of injury.....

Nature of injury.....

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

If so, specify.....

(Signed) R. A. Ryan, M. D.(Address) Mtn Grove

APR 3 1942

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, Md

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.