DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT. 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31627

Registration District No. 366 Primary Registration District No. 6244 Registrar's No. 55

1. PLACE OF DEATH:
(a) County Washington 110
(b) City or town Rural Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington 0
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Old Mines
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Robert Battreal
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 25 (Day) 1886 (Year)

8. AGE: Years 56 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Old mines (City, town, or county) 0 (State or foreign country)
10. Usual occupation
11. Industry or business Farmer
FATHER
12. Name Louis Battreal
13. Birthplace Arkansas (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Mary Bushnell
15. Birthplace Washington (City, town, or county) Ohio (State or foreign country)
16. (a) Informant's own signature Louis Battreal
(b) Address Old mines Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Old mines
18. (a) Signature of funeral director Sparks
(b) Address Potosi
19. (a) 9/25-1942 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1942 hour 7 minute P.M.
21. I hereby certify that I attended the deceased from Sept 24, 1942 to Sept 24, 1942
that I last saw him alive on Sept 24, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage at base of brain causing complete Paralysis	
Due to	
Due to both sides	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature G. F. Cresswell (M. D.)
Address Potosi Mo. Date signed 9/24/42

Rev. 5-17-39 I X19511

WRITE PLAINLY—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.

406 (Licensed Embalmer's Statement on Reverse Side)

OCT 16 1942

RECEIVED
District Health Officer No. 4
District File Number 1042-1212
Date Filed 10-13-42

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 Everett Sparks

Licensed Embalmer No. 4289

P. O. Address Elsinn 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.