S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36099

State File No.

FILED NOV 19 1942

Registration District No. 12/9

Primary Registration District No. 1002

Registrar's No. 4062

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:
St. Luke's Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days,
(Specify whether
In this community since 1916
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson, 2
(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")
(d) Street No. 122 East 43rd Street,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x O

3. (a) PRINT FULL NAME George Hill Batchelor,

3. (b) If veteran, name war no.

3. (c) Social Security No. 702-12-0261

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Grace P. Batchelor

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased May (Month) 16 (Day) 1888 (Year)

8. AGE: Years 54 | Months 5 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Georgia (City, town, or county) 1 (State or foreign country)

10. Usual occupation General Agent

11. Industry or business K. C. S. Ry. Co.

MOTHER
12. Name Unknown,
13. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Katherine Hill,
15. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace P. Batchelor,
(b) Address 122 East 43rd St., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetary
Stine & McClure,

18. (a) Signature of funeral director
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-3-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd
year 1942 hour 7:50 minute a. M.

21. I hereby certify that I attended the deceased from 10-29-42, 19..., to 11-2-42, 19...;
that I last saw h. im alive on 11-2, 19 42
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Agranulocytic Angina	2 Months
Due to Throat infection (Tonsilitis)	3 Months
Due to 107°	
Other conditions Terminal Pneumonia (Including pregnancy within 3 months of death) Broncho	2 days.

Major findings:
Of operations No operation

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 O

23. Signature Charles K. Shofstall (M. D. or other)
Address 1103 Grand Ave. Date signed 11-3-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Chas. K. Shofstall

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 .....

Licensed Embalmer No. 1465

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, fact should be so stated above.