

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4994

FILED FEB 25 1943

State File No.

Registrar's No. 492

Registration District No. 149

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:
5145 Swope Parkway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Months** (Specify whether
In this community **3 Months**
years, months or days)

3. (a) PRINT
FULL NAME

Janet Kay Batie

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

3. (c) Social Security
No. **no**

4. Sex **Fe.** 5. Color or race **Fe. W** 6. (a) Single, widowed, married,
divorced **Single**
6. (b) Name of husband or wife **XXX** 6. (c) Age of husband or wife if
alive **25** years
7. Birth date of deceased **Aug. 25 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 6 hr. min.

9. Birthplace **North Platte Nebr. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER { 12. Name **Ralph E. Batie**
13. Birthplace **Overton Nebr. /**
(City, town, or county) (State or foreign country)
14. Maiden name **Ruth Hurless**
15. Birthplace **Lynch Nebr. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph E. Batie**
(b) Address **5145 Swope Parkway**

17. (a) **Removal** (b) Date thereof **Febr. 2-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lexington Nebr.**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood Blvd. K.C. Mo.**

19. (a) **2-1-43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **5145 Swope Parkway**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **30**
year **1943** hour **4:00** minute **0** M.

21. I hereby certify that I attended the deceased from **Jan 30** to **Jan 31**, 19**43**
that I last saw **her** alive on **Jan 31**, 19**43**
and that death occurred on the date and hour stated above.
Immediate cause of death **Pneumonia**
24 hrs

Due to **Influenza**

Due to **20 W**

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 sta-
tistically.

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 **J. L. Huffman** (M. D. or other)
Address **Raytown Mo** Date signed **2-7-43**

Dr. Laffoon
Argyle Pa 193424

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.....

Chas. Wicks

Licensed Embalmer No.

2644

P. O. Address.....

1900 Linwood

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.