S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1943

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5625

State File No.

Primary Registration District No. 4001

Registrar's No. 20

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Novinger, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mrs Eda Santarelli Novinger Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Novinger Mo (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SARAH BATLEY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Charles H. Batley Sr
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 31 (Day) 1859 (Year)

8. AGE: Years 86 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Leeds (City, town, or county) 4 England (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name — Stead
13. Birthplace (City, town, or county) 4 England (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace Unkown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Eda Santarelli
(b) Address Novinger Mo
17. (a) Burial Cemetery Novinger (Burial, cremation, or removal) (b) Date thereof 1/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation Novinger Mo
18. (a) Signature of funeral director Summers & Powell
(b) Address Kirksville
19. (a) Jan. 21 1943 (Date received local registrar) Mrs J L Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1943 hour 1 15 minute a M.
21. I hereby certify that I attended the deceased from Jan 1935 to Jan 19 1943
that I last saw her alive on Jan 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease — Duration 10 years
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
92d

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 H T Garrison (M. D. or other) MD
Address Novinger Mo Date signed 1-19-43

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-43-390
Date Filed FEB 16 1943

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 W. E. Summers

Licensed Embalmer No. 2147

P. O. Address Kirksville

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.