

Registration District No. **8184**

Primary Registration District No. **3038**

1. PLACE OF DEATH:

(a) County **Linn**
(b) City or town **Brookfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **60 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles Henry Batley**

3. (b) If veteran, name war _____ 3. (c) Social Security No.

4. Sex **M** 5. Color **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Sarah Batley** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 28 1859**
(Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **5** If less than one day hr. _____ min.

9. Birthplace **Linds England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Miner**

11. Industry or business
12. Name **John Batley**
13. Birthplace **England**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Stark**
15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Charles Batley**

(b) Address **Kansas City Mo**

17. (a) **Removal** (b) Date thereof **Mar 7 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Northgate**

18. (a) Signature of funeral director **Walter J. Bowden**

(b) Address **Brookfield Missouri**

19. (a) **MAR 4 1943** (b) **H. W. Roman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**
(c) City or town **Brookfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **630 W. Livingston**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3**
year **1943** hour **3** minute **9** M.

21. I hereby certify that I attended the deceased from **Oct 9 1943** to **Mar 2 1943**
that I last saw him alive on **Mar 2 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**
Due to **General arteriosclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **NA**

Major findings: Of operations _____
Of autopsy _____

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 _____

28. Signature **Ray Huley** (M. D. or other) **MD**
Address **Brookfield** Date signed **3/4/43**

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.

Rev. 1-1-38

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 Homer Bowden
Licensed Embalmer No. 3295
P. O. Address Brookfield, 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.