

FILED AUG 27 1943
REGISTRATION DISTRICT NO. 1002

Primary Registration District No. 1002

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

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:
3011 East 32nd street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3011 East 32nd street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Beata H. Batton
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th
 year 1943 hour 10:30 minute A M.
 21. I hereby certify that I attended the deceased from Aug 18
1943 to Aug 19 1943
 that I last saw her alive on Aug 19 1943
 and that death occurred on the date and hour stated above.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
Divorced Widowed
 (b) Name of husband or wife Samuel W. Batton
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Dec 18th 1864
 (Month) (Day) (Year)

Immediate cause of death:
 ① Acute coronary thrombosis 1 day
 Due to arteriosclerosis
 ② Abdominal aneurysm 1 day
 Due to arteriosclerosis
 Other conditions 94a
 (Include pregnancy within 3 months of death)

8. AGE: Years 78 Months 8 Days 1
 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation At home

MOTHER FATHER {
 11. Industry or business _____
 12. Name Rev. Henry Grupe
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Lena Hellbach
 15. Birthplace Germany 7
 (City, town, or county) (State or foreign country)

16. (a) Informant V. S. Batton
 (b) Address 3011 East 32nd street
 17. (a) Burial (b) Date thereof 8/21/43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood Cemetery
 18. (a) Signature of funeral director Freeman Mortuary
 (b) Address 104 West 42nd street
 19. (a) 8-20-43 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature John H. Caldwell M.D. or other _____
 Address 679 Angelle Kansas City Mo Date signed 8/30/43

Dr. J. H. Caldwell
Argyle Bg.
Ha. 7170

2 P.M.

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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, fact should be so stated above.