

S. No. 2  
M-2-43  
5-1754  
P-1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31558

State File No. \_\_\_\_\_

Registrar's No. 80

Registration District No. 107

Primary Registration District No. 3019

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

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Sumner  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Presnell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community short time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden  
(c) City or town Hayti, Mo - 078  
(If outside city or town limits, write "RURAL")  
(d) Street No. In town (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma J. Batchlor

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married divorced married  
6. (b) Name of husband or wife Floyd Batchlor 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Oct 4 1892 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 11 14 hr. \_\_\_\_\_ min.

9. Birthplace Jackson Mo (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business home

12. Name Ben Forbes  
13. Birthplace Camden, Mo  
14. Maiden name Elizabeth Markon  
15. Birthplace Camden, Mo

16. (a) Informant Floyd Batchlor

(b) Address Blw. Rd. Hayti, Mo

17. (a) Burial (b) Date thereof 9-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Gul Salwan

(b) Address Sumner, Mo

19. (a) 9-19-43 (b) Julia Blainkship (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1943 hour 2:10 minute 9 A.M.  
21. I hereby certify that I attended the deceased from Sept. 14, 1943 to Sept. 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Rupture aortic aneurysm

Due to Syphilis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 309

Major findings: Of operations \_\_\_\_\_

Of autopsy Autopsy findings

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 R. B. Wilson M.D. (M. D. or other)  
Address Presnell Hospital Kennett Mo Date signed 9-19-43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1043-1235

Date Filed 10-5-43

OCT 8 1943

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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 J. P. Salmons.....

Licensed Embalmer No. 2556-.....

P. O. Address Summit, 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.