

FILED DEC 3 1943

State File No. 4723
Registrar's No.

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 St. Lukes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 65 yrs. years, months or days

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. 3757 Wayne
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STELLA D. BATTY

3. (b) If veteran, name war NO 3. (c) Social Security No. DO NOT KNOW

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 24 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Sailor

11. Industry or business

12. Name David Rude
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Claude Batty

(b) Address Peculiar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director H. E. Berman

(b) Address Ke. Mo.

19. (a) 11-8-43 (Date received local registrar) (b) H. E. Berman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 43 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 6 1943 to Nov 6 1943 that I last saw her alive on Nov 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to 94a

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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 L. Prunty (M. D. or other)

Address 511 Argyle Bldg Date signed 11/8-43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Thursey
Angela B. B.

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 2744

Francis Walter, Registered Apprentice No. 2744
working under my personal supervision.

Signed J. H. Pughman

Licensed Embalmer No. 2744

P. O. Address K-P, MD.

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.