No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37825

State File No. _____

FILED DEC 9 1943

Registration District No. 43

Primary Registration District No. 4057

Registrar's No. 339

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

12
0
0

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Gulin
(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 1 (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 012

(c) City or town Gulin
(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 _____

3. (a) PRINT FULL NAME Thomas Shepard Batson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M — 0

5. Color or race W.

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 1

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug (Month) 27 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	2	21	hr. min.

9. Birthplace Mayfield (City, town, or county) Ky. (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business _____

FATHER
12. Name Unknown
13. Birthplace — (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace — (City, town, or county) (State or foreign country)

16. (a) Informant C. H. Batson
(b) Address Piggott Ark

17. (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof Nov. ~~29~~ 20 1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Elder Cemetery

18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott

19. (a) 11-19-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1943 hour 5 minute a M.

21. I hereby certify that I attended the deceased from Nov 15, 1943, to Nov 18, 1943
that I last saw him alive on Nov 15, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Labor Pneumonia	5 day
Due to Labor Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Scott Coulter (M. D. or other)
Address Gulin Mo Date signed 11/18/43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1243-1,540
Date Filed 12-8-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.