

FILED APR 6 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1297

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:  
Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 5 days  
(Specify whether 2 weeks)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town 3412 Virginia  
(If outside city or town limits, write "RURAL")  
(d) Street No. Kansas City  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laura Ethel Battin

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race wht 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife C.E. Battin 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased: 9 - 3 - 1885  
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jewell Co Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name William Russell

13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Jana

15. Birthplace unknown Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Cleveland E. Battin

(b) Address Wetmore Kansas

17. (a) Removal (b) Date thereof 3-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wetmore, Kansas

18. (a) Signature of funeral director: R. C. Fulton

(b) Address 1319 N. 18th St. Kansas

19. (a) 3-23-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1944 hour 8 minute 10 a.m.

21. I hereby certify that I attended the deceased from 3-19-44  
to 3-23-44 1944 to 3-23 1944

that I last saw her alive on 3-23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis  
acute gall bladder disease

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

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

Other conditions  Cancer of liver  
(Include pregnancy within 3 months of death)

Major findings: Large gall stones & large nodes around G.B.  
Of autopsy Carcinoma of liver and gallbladder.

Duration \_\_\_\_\_  
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)  
(e) Means of injury \_\_\_\_\_

23. Signature Robert D. ... (M. D. or other) \_\_\_\_\_

Address 1025 N. ... Date signed \_\_\_\_\_

**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.....

*R. C. Fuller*

Licensed Embalmer No.....

*3503*

P. O. Address.....

*1319 7th St. H.C. Penn*

**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.**