No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 30 1944

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 17377

Registrar's No. 185

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1111 Wilkes Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Columbia
(If outside city or town limits, write "RURAL")

(d) Street No.: 1111 Wilkes Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: TRACY SLAWSON BATTERTON

3. (b) If veteran, name war: World War I

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Narcissus Batterton

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

7. Birth date of deceased: 6 (Month) - 29 (Day) - 1896 (Year)

8. AGE: Years 47 | Months 10 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Restaurant

11. Industry or business .....

FATHER
12. Name: Elmer Batterton
13. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Ella Brown
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. T.S. Batterton
(b) Address: 1111 Wilkes Blvd., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.

19. (a) 5-27-1944 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 26
year: 1944 hour: 5 minute: 30 A.M.

21. I hereby certify that I attended the deceased from Dec 29 1943, to May 26, 1944
that I last saw him alive on May 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Dilatation — Duration
Due to: Bronchial asthma
Due to: .....
Other conditions (Includes pregnancy within 3 months of death): .....
Major findings: Of operations: .....
Of autopsy: .....

9 SCV

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: Lloyd Simpson (M. D. or other)
Address: 506 Cherry St Columbia Mo. Date signed: 5-27-44

17 50

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1948

JUL 21 1947

JUN 2 1944

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 W. H. McKitrick

Licensed Embalmer No. 3893

P. O. Address Calumet

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.