No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 2 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2093

State File No.

Registration District No. 99 Primary Registration District No. 5377 Registrar's No. 25

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town RURAL, GRANT TWSP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MAYSVILLE R.F.D. #2
(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 7 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DEKALB
(c) City or town MAYSVILLE, RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DELORES LUCILLE BOTTS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 17 (Day) 1944 (Year)

8. AGE: Years | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace St Joseph (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Buddy Batts
13. Birthplace DeKalb Co (City, town, or county) mo (State or foreign country)
MOTHER
14. Maiden name Lucy Batts
15. Birthplace DeKalb Co (City, town, or county) mo (State or foreign country)
16. (a) Informant Buddy Batts
(b) Address Maysville mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Stewart Cemetery
18. (a) Signature of funeral director John E Brown
(b) Address Maysville mo
19. (a) Dec 17-44 (Date received local registrar) (b) John Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 27 year 1944 hour 8 minute 45 M.

21. I hereby certify that ~~I attended the deceased from~~ I viewed the body ..... 19..... ; ~~that I last saw him alive on~~ ..... 19..... ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Strangulation enlarged thymus gland	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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 Luther E Rockhold (M. D. or other) MD
Address Union Star, Mo Date signed 11-29-44

1378 (Licensed Embalmer's Statement on Reverse Side) Coroner, DeKalb, Co.

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 John G Brown

Licensed Embalmer No. 3933

P. O. Address Waycross Ga

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.