. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1945

State File No. 6709

Registration District No. 23 Primary Registration District No. 43-4-8-5813 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Wellsville, Mo. Union Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route #3
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Wellsville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Batek

3. (b) If veteran, name war ----

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 Julia

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April (Month) 9 (Day) 1876 (Year)

8. AGE: Years 68 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Joseph Batek

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

MOTHER

14. Maiden name Marie Slavicek

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

16. (a) Informant Julia Batek

(b) Address R.R.3 Wellsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/44 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm. E. Mongell

(b) Address 1926 Allen Ave.

19. (a) Jan 25 1945 (Date received local registrar) Mrs Virgie Norton (Registrar's signature)

1045

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd year 1944 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 to Oct 22, 1944 that I last saw him alive on Oct 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Myocarditis and Myocardiac degeneration	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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, public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature D. W. Mongell M.D. (M. D. or other)
Address Wellsville Mo. Date signed Oct 22, 1944

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-14-45

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 Wm

....., Registered Apprentice No.....

working under my personal supervision.

Signed J M Davis

Licensed Embalmer No. 3174

P. O. Address 1926 Allen ave

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.