

FILED JUN 4 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2205

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 min. (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3305 Virginia
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Male infant BATTMER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

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 May 22 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			hr. <u>30</u> min.

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

10. Usual occupation infant

11. Industry or business _____

12. Name Kenneth E. Battmer

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

14. Maiden name Helen V. Carr

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

16. (a) Informant Kenneth E. Battmer

(b) Address 3305 Virginia

17. (a) Burial (b) Date thereof 5/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address Kansas City, Missouri

19. (a) 5-22-45 (b) Walding Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22
year 1945 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4:30 A.M.
5-22 1945, to 5-22 1945.

that I last saw him alive on 5-22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Atelactasis
new born acute - entered 30 min.

Due to intracranial fatal distress
acute unknown

Due to dissecting aortic aneurysm
myocardial infarction

Other conditions 161 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations erythroblastosis (R.H.)
Of autopsy No intracranial hemorrhage
no cardiac findings

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 A. B. ... (M. D. or other) MD
Address 411 Central Street Date signed 5-22-45

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

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.....

Elmer C. Redelin

Licensed Embalmer No.

3495

P. O. Address.....

H. C. Ma

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.