

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17922

State File No. \_\_\_\_\_

Registration District No. 302

Primary Registration District No. 4451

Registrar's No. 1514

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town Naylor  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 41 years  
years, months or days

3. (a) PRINT  
FULL NAME

Elizabeth Ann Batten

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 married

6. (b) Name of husband or wife  
Henry W. Batten

6. (c) Age of husband or wife if  
alive 38 years

7. Birth date of deceased May  
(Month)

7 1862  
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

82

11

25

hr. min.

9. Birthplace

Terre Haute

(City, town, or county)

Ind.

(State or foreign country)

10. Usual occupation

House Keeper

11. Industry or business

MOTHER FATHER

12. Name John N Tilman

13. Birthplace Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name Elizabeth Tucker

15. Birthplace Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant Lee Batten

(b) Address Naylor, Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof May 4 1945

(Month) (Day) (Year)

(c) Place: burial or cremation Naylor, Mo.

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo.

19. (a) June 2-45

(Date received local registrar)

(b) Bertha White

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley  
(c) City or town Naylor  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1945 hour 4 minute 45 M.

21. I hereby certify that I attended the deceased from

April 20 1945 to May 1 1945  
that I last saw her alive on May 1 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death

angina pectoris

Duration

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 sta-  
tistically.

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)

Means of injury

23. Signature Elizabeth

(M. D. or R. N.)

Address Naylor Mo

Date signed 5/12/45

(Licensed Embalmer's Statement on Reverse Side)

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

1217

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

645-289  
6-8-15

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

*Dwight McCord*

Licensed Embalmer No.

4979

P. O. Address

*Hayes, Mo.*

**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.**