

FILED NOV 26 1945
1947

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) 3 days

3. (a) PRINT FULL NAME Mrs. Mary Batdorff

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife G. S. Batdorff 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased December 13, 1904
(Month) (Day) (Year)

8. AGE: Years 40 Months 12 Days 1 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business X
12. Name Holden Davis
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary Susie Childers
15. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant G. S. Batdorff
(b) Address Burlington, Kansas
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-14-45
(Month) (Day) (Year)
(c) Place: burial or cremation Burlington, Kansas

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 11-15-45 (Date received local registrar) (b) Serledine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County X 999
(c) City or town Burlingame
(If outside city or town limits, write "RURAL") X
(d) Street No. X (If rural, give location) 0
(e) Citizen of foreign country? X (Yes or No) ?
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1945 hour A. minute 14 M.

21. I hereby certify that I attended the deceased from Apr. 5, 1945 to Nov. 14, 1945
that I last saw her alive on Nov. 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death General
Prostate
Due to Illness
Due to Admission PO

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Removal of 20"
Illness
Of autopsy 122 lb

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Stine & McClure (M. D. or other)
Address 924 Prof. Bldg Date signed 11/14

Dr. Don Black

DEC 19 1945

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

Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address N.C. 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.