

FILED SEP 3 1946

State File No.

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 24

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Malden
(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 William Jefferson Batts
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 10
year 1946 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 13, 1946, to August 10, 1946,
that I last saw him alive on August 10, 1946,
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Katharine Batts 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased September 8, 1888
(Month) (Day) (Year)

Immediate cause of death Pneumonia, broncial Duration 3 days
Due to Carcinoma, metastatic, lungs, chest wall, liver 6 mo.
Due to Carcinoma, Kidney, right ?

8. AGE: Years 57 Months 11 Days 2 If less than one day _____ hr. _____ min.

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.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Plumbing
11. Industry or business _____
12. Name L. Batts
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Chesky
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant E. A. Ferrell
(b) Address Malden, Missouri
17. (a) Burial (b) Date thereof 8-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Cemetery, Malden

22. If death was due to external causes, specify 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 _____

18. (a) Signature of funeral director Dandee Funeral Home
(b) Address Campbell, Missouri
19. (a) 8-13-46 (b) J. A. Schuman
(Date received local registrar) (Registrar's signature)

23. Signature Charles Williams M. D. or other M. D.
Address Malden, Missouri Date signed 8/10/46

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 846-103

Date Filed 8-26-46

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Md.

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.

State File No. Sept
Registrar's No. 24

Registration District No. 104 Primary Registration District No. 4176

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden
(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 _____ years, months or days

3. (a) PRINT FULL NAME William J. Batts
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced on
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Sept 8 (Month) (Day) (Year)

8. AGE: Years 57 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept Day 8 Year 1940 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, broncial Duration 3 da.

Due to Carcinoma, metastatic, lungs, chest wall, liver 6mo.
Due to Carcinoma, kidney, right ?

Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____ 520
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) _____ (Means of injury)

23. Signature Charles S. Williams (M. D. or other) M.D.
Address Malden, Mo. Date signed 9/5/46

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

SUPPLEMENTARY

20754