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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

Registration District No. 999

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8902

Primary Registration District No. 1002

Registrar's No. 1311

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: Lucerne Hotel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Life Time

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

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

(d) Street No.: Lucerne Hotel
(If rural, give location)

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

If yes, name country: ____

3. (a) PRINT FULL NAME: MRS. MARY L. BATTELL

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: George S. Battells

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

7. Birth date of deceased: September (Month) 30th. (Day) 1865 (Year)

8. AGE: Years 81 | Months 5 | Days ~~19~~ 20 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: At Home

11. Industry or business: ____

FATHER
12. Name: John E. Meily
13. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Rebecca J. Henney
15. Birthplace: Cedarville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Schieffelin M. Battell
(b) Address: 6018 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 - 22 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. St. Kansas City, Mo.

19. (a) 3-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th. year 1947 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from Jan. 1, 1947, to Mar. 20, 1947, that I last saw her alive on 3/20/47, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	3 hrs.
Due to: Arteriosclerosis	4 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 8 3 Ov
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, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: [illegible] (M. D. or other)
Address: 900 Rialto Bldg. Date signed: 3/31/47

(Licensed Embalmer's Statement on Reverse Side)

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. Wedeler

Licensed Embalmer No. 3495

P. O. Address K. 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.