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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 21 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16308

State File No. ....

Registration District No. 374

Primary Registration District No. 45-47

Registrar's No. 27

1. PLACE OF DEATH:

(a) County North  
(b) City or town Grant city  
(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.....  
In this community 28 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County North  
(c) City or town Grant city  
(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 RENA VIOLET BATMAN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, divorced, Widowed  
6. (b) Name of husband or wife Allen Batman 6. (c) Age of husband or wife if alive 11 years  
7. Birth date of deceased Oct 11 1862  
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Peterson P Cagle

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

14. Maiden name Ann Wincard

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

16. (a) Informant Michelle Batman  
(b) Address Grant city, Mo.

17. (a) Burial (b) Date thereof 3-28-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant city Cem.

18. (a) Signature of funeral director Arch C. Duffell  
(b) Address Grant city, Mo.

19. (a) 4-11-1947 (b) Arthur C. Dawson  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 26  
year 1947 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from October 4/26 1947  
to 3/26 1947  
that I last saw her alive on 2/25 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 1 wk  
Due to Influenza 3 wks

Other conditions Chronic Cholecystitis & Cholelithiasis 10 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations 17  
Of autopsy 17

Duration  
1 wk  
3 wks  
10 yrs  
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 Frank S. Johnson (M. D. or other) 0  
Address Grant city, Mo. Date signed 3/28/47

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

13  
1  
1

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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..... *Arch C. Dangle*.....

Licensed Embalmer No. *32652*.....

P. O. Address..... *Arant City, 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.