

FILED AUG 13 1947

Registration District No. 379

Primary Registration District No. 4553

Registrar's No.

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town MANSEFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 78 yrs years, months or days

3. (a) PRINT FULL NAME

MELVINA CATHERINE BATY

3. (b) If veteran, name, war NON-P

3. (c) Social Security No. NON-P

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WILEY BATY 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCT. 14 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace WRIGHT CO. MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name HENRY FREEMAN
13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)
14. Maiden name ANN E. MOORE
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Miss John Short
(b) Address MACOMB MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 27-47 (Month) (Day) (Year)

(c) Place: burial or cremation MACOMB CEMETERY

18. (a) Signature of funeral director G. A. Stiffe

(b) Address MANSEFIELD MO.

19. (a) 7/25/47 (Date received local registrar) (b) Paul Stiff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT
(c) City or town MANSEFIELD (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 JULY day 23 year 1947 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from JULY 23 to JULY 26, 1947, that I last saw her alive on JULY 23, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 hours

Due to Hypertension

Due to _____

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

Major findings: Of operations 83A

Of autopsy _____

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? NO

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. G. [illegible] (M. D. or other) Do
Address Mansefield Mo. Date signed 7/24/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 747-804

Date Filed JUN 28 1947

AUG 1 1947

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.....

F.A. Steffe

Licensed Embalmer No. 3221

P. O. Address.....

Mansfield 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.