No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 42841

Registration District No. 318

Primary Registration District No.

Registrar's No. 11608

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

1. PLACE OF DEATH:
(a) County ~~Stxxxxxx~~
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Memorial Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 22, Missouri 4
(If outside city or town limits, write "RURAL")
(d) Street No. 231 W. Jefferson Ave. 3
(If rural, give location)
N.R.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Bascom Franklin Batts
3. (b) If veteran, name war World War I
3. (c) Social Security No. 702-09-4015
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lila May
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May (Month) 7 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	7	11	..... hr. ..... min.

9. Birthplace Cedar Hill, Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation Lawyer
11. Industry or business .....
FATHER
12. Name Bascom C. Batts
13. Birthplace Sadlersville, Tennessee
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Wood
15. Birthplace Clarksville, Tennessee
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Robert Batts
(b) Address 231 W. Jefferson Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 22 (Day) 47 (Year)
(c) Place: burial or cremation The National Cemetery
18. (a) Signature of funeral director Meyer-Pfitzinger Fun. Dir. Inc.
(b) Address Kirkwood, Mo.
19. (a) DEC 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1947 hour 8 minute PM
21. I hereby certify that I attended the deceased from Dec. 15th 1947, to Dec 18th 1947;
that I last saw him alive on Dec. 18th 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal uremia Poisoning	24 hrs
Due to Chronic glomerulo nephritis Hypertensive arteriosclerosis	
Due to	
Other conditions Bilateral pneumonia (Include pregnancy within 3 months of death) Cerebral hemorrhage (left)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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)
(e) While at work? ..... (f) Means of injury .....
23. Signature E. B. Waters (M. D. or other)
Address Kirkwood 22 Mo Date signed 12/19/47

Jefferson City Printing Co.

(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 William L. Pitzinger

Licensed Embalmer No. 4316

P. O. Address Kirkwood 22, 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.