

S. No. 2  
M-5-43  
v. 5-17-39  
p. I X36871

4716

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 1 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 739

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K. C.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 548 Harrison  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K. C. 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 548 Harrison 8  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AUGUSTINO BATTAGLIA

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M Color or race C W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased April 10 1869  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17  
year 48 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Dec 21 1947 to Feb 17 1948  
that I last saw h. alive on 2-17 1948  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death Cerebral thrombosis 4 days

Due to Arterio sclerosis 2 yrs

Due to \_\_\_\_\_

Other conditions Cardiac Hypertrophy  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Vincenzo Battaglia

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

14. Maiden name Giuzia Pusateri

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

16. (a) Informant Jake Battaglia

(b) Address 548 Harrison

17. (a) Burial (b) Date thereof 2/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys

18. (a) Signature of funeral director Sebbeto

(b) Address City

19. (a) 2-19-48 (b) Waldene Holmes  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations May 950

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature J. E. Shelton (M. D. or other)

Address 922 North 7th St Date signed 2-18-48

Duration

4 days

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Sheldon J. ...  
603 Commerce Bldg

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**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

*Ray E. Snow*

Licensed Embalmer No. *2560*

P. O. Address: *B. B. 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.**