No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1948

Registration District No. 55

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11780

Primary Registration District No. 3011

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: South Side Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 days. (Specify whether
In this community All her Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME Anna Lucy Batchelor

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband ~~or wife~~

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

7. Birth date of deceased March (Month) 2 (Day) 1876 (Year)

8. AGE: Years 72 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name J. Whitney
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs C. Huber
(b) Address Armstrong Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ebenezer

18. (a) Signature of funeral director E. A. Dickerson
(b) Address Bogard Mo.

19. (a) 4/24/48 (Date received local registrar) (b) Mrs Herbert Calvert (Registrar's signature) 1/5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 48 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb, 1948, to April, 1948
that I last saw her alive on 4/24/48, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach

Due to Cancer metastatic Involving Liver &

Due to Gall Bladder

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 B

Of autopsy

Duration

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 abo[illegible] on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature Mr Wm Clutzel (M. D. or other) DO
Address Carrollton, Mo Date signed 4/24/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-6-48

MAY 10 1948

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 E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Bagard 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.