

S. No. 2  
1-8-43  
5-17-39  
K37823

FILED JUL 8 1948  
Registration District No. **5**

Primary Registration District No. **5776**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County Camden  
 (b) City or town Richland  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Rural  
 (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 MO (b) County Camden  
 (c) City or town Richland  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMA BATTERTON  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th  
 year 1948 hour 7 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from April 1948, to April 1948,  
 that I last saw her alive on July 1 1948,  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Frank BATTERTON  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 11 - 1894  
 (Month) (Day) (Year)

Immediate cause of death Coronary thrombosis  
 Due to embolus (thrombotic)

8. AGE: Years 53 Months 11 Days 1  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to severe cardiac arrhythmia  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Richland MO  
 (City, town or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy OK  
 Underline the cause to which death should be charged statistically.

12. Name William Travey  
 13. Birthplace unknown KY  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Theresa Young  
 15. Birthplace unknown MO  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Frank BATTERTON  
 (b) Address Richland MO  
 17. (a) Burial (b) Date thereof 6-14-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Out Lawn  
 18. (a) Signature of funeral director RTB Peoples  
 (b) Address Richland MO  
 19. (a) June 22-48 (b) Zilpha Shaw  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (c) 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) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_  
 23. Signature Lewis J. Myers (M. D. or other) Dr.  
 Address Richland MO Date signed 6-22-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 6-28-726

Date Filed 7-6-72

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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 *R. B. Luper*

Licensed Embalmer No. 3198

P. O. Address Richland 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.**