FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 7 1949

Registration District No. 69

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5272

State File No. 604

Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Billings Rt. 2 Polk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Billings, Rt. 2 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Christian 22
(c) City or town: Rural Polk 0
(If outside city or town limits, write "RURAL")
(d) Street No. Billings Rt. 2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) J
If yes, name country

3. (a) PRINT FULL NAME: Gillie Ann Batson
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female /
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Robert Batson
6. (c) Age of husband or wife if alive: Deceased
7. Birth date of deceased: December (Month) 26 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	26	hr. min.

9. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country) /
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Calvin Hagewood
13. Birthplace: ? (City, town, or county) Unknown (State or foreign country) /
14. Maiden name: Martha Cavener
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country) /
16. (a) Informant: Maude Batson
(b) Address: Billings, Mo. Rt. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-23-1949 (Month) (Day) (Year)
Rose Hill
(c) Place: burial or cremation: Billings, Mo.
18. (a) Signature of funeral director: John Dean Harris
(b) Address: Clever, Mo.
19. (a) Jan. 22, 1949 (Date received local registrar) (b) Allie Dyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1949 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 14, 1942, to Jan. 21, 1949; that I last saw he alive on Jan. 21, 1949; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	10 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 33X	
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) J
While at work? (e) Means of injury:
23. Signature: Charles A. Spears (M. D. or other) MD
Address: Billings, MO Date signed 1-22-49

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 249-155
Date Filed 2-4-49

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 John Dean Harris
Licensed Embalmer No. 4390
P. O. Address Clever 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.