

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10143 State File No. 3210
1003 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) Murphysboro 8120	
c. LENGTH OF STAY (in this place) 11 mos		d. STREET ADDRESS (If rural, give location) 414 E So 5th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Harry	b. (Middle) Batt	c. (Last) y	4. DATE OF DEATH (Month) (Day) (Year) 4-5-1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 29, 1906	9. AGE (In years last birthday) 44 # UNDER 1 YEAR Months Days # UNDER 100 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Stave Mill Works		11. BIRTHPLACE (State or foreign country) Murphysboro, Ill.
12. CITIZEN OF WHAT COUNTRY? US				

13a. FATHER'S NAME Harry Batt	13b. MOTHER'S MAIDEN NAME Kate Ballard	14. NAME OF HUSBAND OR WIFE Ann Batt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes #2 World War	16. SOCIAL SECURITY NO. 356-05-5270	17. INFORMANT'S SIGNATURE OR NAME Ann Batt	ADDRESS Murphysboro Ill
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Encephalo malacia of brain		
ANTECEDENT CAUSES	suffered while at work at Heran Miller Distilling Co, Murphyboro Ill, Mar 2 1949 (exact time unknown) Cause and manner of cause could not be determined		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS of cause could not be determined		
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Keratopeia Iris	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Verdict	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Work	21c. (CITY, TOWN, OR TOWNSHIP) & (COUNTY) (STATE) Murphysboro Ill
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 2 50 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E936.3
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:28 a.m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E Taylor Coroner	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 4-5-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-5-50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Murphysboro Illinois
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DATE REC'D BY LOCAL REG. APR 5 1950	REGISTRAR'S SIGNATURE J B Foster	25. FUNERAL DIRECTOR'S SIGNATURE Browns Funeral Home	ADDRESS Murphysboro Ill
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1950

[Handwritten mark]

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J Allen Davis Jr*

Licensed Embalmer No. *4050*

P. O. Address *St Louis 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.