

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23468**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3090**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Mcade</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City Mo.</b>		c. LENGTH OF STAY (in this place) <b>2 WEEKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Fowler</b>		X <b>8150</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Childrens Mercy Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>R.F.D.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Batt</b>		b. (Middle) <b>Genevieve</b>		c. (Last) <b>Shirley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-16-50</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>5-6-44</b>	
9. AGE (In years last birthday) <b>6</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b>		IF UNDER 2 HRS. Hours <b>1</b> Min. <b>10</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ch. Id.</b>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <b>Dodge City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jerome Batt</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Burns</b>		14. NAME OF HUSBAND OR WIFE —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>R.F.D. ADDRESS</b> <b>Dr. Jerome Batt Fowler Kansas</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aplastic anemia</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				<b>2924</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7-3-50</b> , to <b>7-16</b> , 1950, that I last saw the deceased alive on <b>7-16-50</b> , and that death occurred at <b>3:15 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H.M. Gilkey</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1624 Prof</b>		23c. DATE SIGNED <b>7-16-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>JULY-17-1950</b>		24c. NAME OF CEMETERY OR CREMATORY —		24d. LOCATION (City, town, or county) (State) <b>FOWLER, KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>7-17-50</b>		REGISTRAR'S SIGNATURE <b>Rosaline Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>1331 BRUSH GREENBLUM</b> <b>KANSAS CITY, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

Albert L. Savage

Student Embalmer No. 360

working under my personal supervision.

Student

Albert L. Savage  
Student Embalmer 360

Signed

John E. Fraking

Licensed Embalmer No. 4483

P. O. Address

Kansas City, 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.