

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**1313**

State File No. ....

**324**

**FILED FEB 14 1953**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>Unknown</u>		d. STREET ADDRESS (If rural, give location) <u>1715 Lydia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>London</u> b. (Middle) _____ c. (Last) <u>Batts</u>			<b>4. DATE OF DEATH</b> (Month) <u>1</u> (Day) <u>16</u> (Year) <u>53</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Unknown</u>	<b>8. DATE OF BIRTH</b> <u>1-29-1867</u>	<b>9. AGE</b> (In years last birthday) <u>85</u>	<b>10. MONTHS</b> _____	<b>11. YEAR</b> _____	<b>12. HOURS</b> _____	<b>13. MIN.</b> _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Unknown 9</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.</u>	
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<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth</u>		<b>14. NAME OF HUSBAND OR WIFE</b> _____			
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Minnie Johnson, sister, Cleveland, Ohio</u>			
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<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <u>ARTERIOSCLEROTIC HEART DISEASE.</u>							
		<b>ANCEDECENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____							
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.						<u>4350</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 1-16-53, 1953, to 1-16-53, 1953, that I last saw the deceased alive on 1-16-53, 1953, and that death occurred at 9:20 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>E. Frank Ellis</u> (Degree or title) _____		<b>23b. ADDRESS</b> <u>600 East 22nd Street</u>		<b>23c. DATE SIGNED</b> <u>1-19-53</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u>		<b>24b. DATE</b> <u>1-21-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Highland Cem.</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>Kansas City, Mo</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-20-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Smith</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Manlove &amp; Williams Funeral Home</u>		<b>ADDRESS</b> <u>1929 1/2</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

300  
48

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 \_\_\_\_\_

Student Embalmer No. 479

working under my personal supervision.

Student Wael Hendraf  
Student Embalmer

Signed I. J. Marlowe Jr.

Licensed Embalmer No. 3984

P. O. Address 2503 Highland

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.