

FILED APR 14 1943 7

Registration District No. Primary Registration District No. 5507

Registrar's No. 6970

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town MONROSE - DAVIS TWP.
(c) Name of hospital or institution: MONROSE RURAL R#1
(d) Length of stay: In hospital or institution NONE
In this community ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County HENRY
(c) City or town MONROSE - RURAL
(d) Street No. RURAL R. 1 - DAVIS TWP.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME HENRY BATSCHELET

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BERTHA BATSCHELET 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased AUG 16 1879

8. AGE: Years 63 Months 7 Days 9 If less than one day hr. min.

9. Birthplace MONROSE MO.

10. Usual occupation FARMING

11. Industry or business

MOTHER FATHER { 12. Name BENEDICT BATSCHELET
13. Birthplace BERNE SWITZ 5
14. Maiden name ELIZABETH ROTH
15. Birthplace BERNE SWITZ 5

16. (a) Informant Earl Batschelet

(b) Address Monrose Mo. R#1

17. (a) BURIAL (b) Date thereof 3-28-43

(c) Place: burial or cremation ENGLEWOOD CEM.

18. (a) Signature of funeral director J. D. Vassant

(b) Address Clinton Mo.

19. (a) March 27, 1943 (b) Georgia Kitchen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 25 year 1943 hour minute

21. I hereby certify that I attended the deceased from Dead on arrival that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death suicide by hanging

Other conditions 164 a

Major findings: Of operations Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence March 25, 1943, R#1
(c) Where did injury occur? Monrose Henry Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm

While at work? no (Specify type of place) (e) Means of injury hanging

23. Signature Dr. R. S. Hall Address Clinton Mo. Date signed 3/27/43

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

4200

OCT 7 1948

RECEIVED

District Health Officer No. 7,

District File Number 3-43-113

Date Filed 4-13-43

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 H. J. Gausant

Licensed Embalmer No. 3779

P. O. Address Clinton 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.