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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25042

FILED AUG 9 1943
Registration District No. 157

Primary Registration District No. 5507

State File No. _____
Registrar's No. 146

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town LADUE MO. DAVIS TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LADUE MO
(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) 72 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County HENRY
(c) City or town LADUE MO.
(If outside city or town limits, write "RURAL")
(d) Street No. DAVIS TWP.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1943 hour 11-15 minute P.M.

21. I hereby certify that I attended the deceased from Sept 6 1942 to July 16 1943
that I last saw him alive on July 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Duration 18 mo

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W.E. Baggerly (M. D. or other) MD
Address Montrose Mo Date signed 7-17-43

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

3. (a) PRINT FULL NAME GODFREY BATSCHLETT

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

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

6. (b) Name of husband or wife ROSA BATSCHLETT 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased NOV 29 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 17 If less than one day hr. min.

9. Birthplace CLINTON Co. ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

MOTHER FATHER { 12. Name FREDRICK BATSCHLETT
13. Birthplace SWITZ. S.
(City, town, or county) (State or foreign country)
14. Maiden name ANNA REISTER
15. Birthplace SWITZ. S.
(City, town, or county) (State or foreign country)

16. (a) Informant ROSA BATSCHLETT

(b) Address LADUE MO.

17. (a) BURIAL (b) Date thereof 7-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director J.A. Varsant

(b) Address Clifton Mo

19. (a) July 18, 1943 (b) Georgia Kitchen
(Date recorded local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 7-43-795

Date Filed 8-6-48

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, ~~only~~

Registered Apprentice No. _____

working under my personal supervision.

Signed H. J. Sansant

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.