

S. No. 2
M-8-43
v. 5-17-39
X37823

2280

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1945

Registrar's No. 15

Registration District No. 137

Primary Registration District No. 5508

1. PLACE OF DEATH:
(a) County HENRY RURAL
(b) City or town MONTROSE - DEEPWATER, TWP
(If outside city or town limits, write "RURAL" and name of Township)
(c) Name of hospital or institution:
RURAL ROUTE # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO
(Specify whether years, months or days) FAMILY LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County HENRY
(c) City or town MONTROSE
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL DEEPWATER, TWP
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERT C. BATSCHKELET
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 11
year 1945 hour 6 minute 20 A M.
21. I hereby certify that I attended the deceased from Jan 9 1945 to Jan 11 1945
that I last saw him alive on Jan 9 1945
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife VERONICA BATSCHKELET alive 54 years
(c) Age of husband or wife if 18 years
7. Birth date of deceased Oct 18 1878
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
65 2 23 hr. min.

9. Birthplace MONTROSE MO. U
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

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

16. (a) Informant Mrs Albert C. Batschkelet
(b) Address Montrose Mo. R# 2

17. (a) Burial (b) Date thereof 1-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montrose Cem

18. (a) Signature of funeral director Ed. T. ...
(b) Address Clinton Mo

19. (a) January 12, 1945 Georgia Kitcher
(Data received by registrar) (Registrar's signature)

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?

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

23. Signature W. E. Baggerly (M. D. or other)
Address Montrose Mo Date signed 1-11-45

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

42
0
0

42
0
0

1069

(Licensed Embalmer's Statement on Reverse Side)

1-45-74
2-8-45

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. Vausant*.....

Licensed Embalmer No. *3779*.....

P. O. Address..... *Clinton*.....

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.