

FILED JAN 2 1947

Registration District No. **137**

Primary Registration District No. **3023**

Registrar's No. **242**

1. PLACE OF DEATH:

(a) County **HENRY**
 (b) City or town **CLINTON**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **GENERAL HOSPITAL 0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 DAYS**
 (Specify whether
 In this community **entire life**
 years, months or days)

3. (a) *PRINT FULL NAME **JOHN BATSCHELET**

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

4. Sex **M (1)** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **MARY NEIL BATSCHELET** live **6.6** years
 7. Birth date of deceased **NOV. 13 1870**
 (Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **14** If less than one day
 hr. min.

9. Birthplace **HENRY Co. MO**
 (City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

MOTHER FATHER
 { 12. Name **FREDERICK BATSCHELET 5**
 { 13. Birthplace **SWITZERLAND**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **ANNA PFISTER**
 { 15. Birthplace **UNKNOWN 9**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mary Batschelet**
 (b) Address **Clinton Mo**

17. (a) **Burial** (b) Date thereof **Dec. 29. 46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood Cemetery**

18. (a) Signature of funeral director **W. S. Vincent**

(b) Address **Clinton Mo**

19. (a) **12-27-46** (b) **R. R. Herney**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry 42**
 (c) City or town **Clinton**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **801 S. Main St**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **27**
 year **1946** hour **2:40** minute **A** M.

21. I hereby certify that I attended the deceased from
12 December, 1946 to **26 December**, 1946
 that I last saw him alive on **26 December**, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **7 days**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **53 P**

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 or place) (e) Means of injury **0**

23. Signature **W. S. Vincent** (M. D. or other) **M. D.**

Address **Clinton, Missouri** Date signed **12/27/46**

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

12-31-46
11-5-3185
DISTRICT HEALTH OFFICER
CITY OF CHICAGO

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, W. L. Sansant

....., Registered Apprentice No.
working under my personal supervision.

Signed W. L. Sansant

Licensed Embalmer No. 3779

P. O. Address Chicago

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.