

No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 19 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4634**  
Registrar's No. **35**

Registration District No. **137**

Primary Registration District No. **5507**

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

1. PLACE OF DEATH:  
(a) County **HENRY**  
(b) City or town **CLINTON, R. DAVIS TWP**  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **NONE**  
In this community **75 yrs 5 months**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Henry** **42**  
(c) City or town **Clinton - Rural**  
(d) Street No. **Davis Twp**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME **BENJAMIN BATSCHLETT**  
(b) If veteran, name war **NONE**  
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **FEB** day **12**  
year **1947** hour **5:40** minute **P. M.**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **CORA HENNY BATSCHLETT**  
6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **FEB 7 1872**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 19 1946** to **Feb 12 1947**  
that I last saw him alive on **Feb 10 1947**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**75 0 5** hr. min.

Immediate cause of death **Chronic myocarditis**  
Due to **severe atherosclerosis**  
Duration **1 year**

9. Birthplace **HENRY CO MO**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **FARMER**

Other conditions **none**  
(Include pregnancy within 3 months of death)  
Major findings of operations **none**  
Of autopsy **no**

11. Industry or business  
12. Name **FREDERICH BATSCHLETT**  
13. Birthplace **SWITZERLAND**  
14. Maiden name **ANNA PFISTER**  
15. Birthplace **UNKNOWN**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Ben Batschlett**  
(b) Address **Clinton R.H. 5**  
17. (a) **BURIAL** (b) Date thereof **2-14-47**  
(c) Place: burial or cremation **FRANKWOOD CEM.**  
18. (a) Signature of funeral director **J. A. Vassant**  
(b) Address **Clinton Mo**  
19. (a) **2-14-47** (b) **R. R. Kenney**  
(Date received local registrar) (Registrar's signature)

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?  
(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 **S. B. Wray** (M. D. or other) **MD**  
Address **Clinton Mo** Date signed **2/14/47**

120

(Licensed Embalmer's Statement on Reverse Side)

CT-61-2

101-61-1

JUL 17 1956

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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, ~~by~~ .....

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

Signed W. A. Cassant .....

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.