

1939 JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17583
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON 2 Registration District No. 399
 (b) Township KAW 1 Primary Registration District No. 1002
 (c) City KANSAS CITY (d) Street No. 3117 East 11th St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 1985

2. PRINT FULL NAME

Abraham S. Batrick
 (a) Residence, No. 3117 East 11th St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melba Batrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1887

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
52 1 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fireman
 9. Industry or business in which work was done, as saw mill, bank, etc. H. P. A.
 10. Date deceased last worked at this occupation (month and year) May 1939 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria 7

FATHER 13. NAME Slaby Batrick 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria 7

MOTHER 15. MAIDEN NAME Asma Skess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria

17. INFORMANT (ADDRESS) Mrs. Julia Batrick
3117 East 11th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Valvary DATE May 13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. Newcomer's Sons
Brushcreek & Paals

20. FILED May 12, 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner to Deputy Coroner Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Acute & Chronic myocardial infarction
Coronary Sclerosis

Other contributory causes of importance: 94 lb

Name of operation Autopsy Date of Autopsy
 What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury May 11, 1939
 Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) Spencer L. Jones, M. D.
 (Address) Spencer L. Jones

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

George M. Collins

Licensed Embalmer No.....

3839

P. O. Address.....

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, above space should be left blank.