

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days -
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County _____
(c) City or town ELDORADO
(If outside city or town limits, write "RURAL") NR
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WALTER JOHN BATTY

3. (b) If veteran, name war No. 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cassie 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec. 3 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 3 14 hr. min.

9. Birthplace Murphysboro Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____

12. Name Harry Batty 13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Kate Ballard 15. Birthplace Murphysboro Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Cassie Batty (b) Address Eldorado, Ill.

17. (a) Removal (b) Date thereof 3-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Murphysboro, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAR 18 1940 (b) J. F. [Signature]
(Data received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1940 hour 11:20 minute P M.

21. I hereby certify that I attended the deceased from March 4, 1940, to March 16, 1940
that I last saw him alive on March 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death postoperative Broncho pneumonia
Brain tumor

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

Major findings: Of operations VIII - Nerve tumor benign
Of autopsy Broncho pneumonia
IX - Nerve tumor post operat.

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 O. M. Anderson (M. D. or other)
Address BARNES HOSPITAL Date signed 3-17-40

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

212
212
212
212

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 *Albert W. Hoyle*

Licensed Embalmer No. 1861

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.