

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

18707

State File No. _____

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 102

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1126 Sycamore St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 1126 Sycamore St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Barney B. Batis 320
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 5th
 year 1940 hour 10: minute 55 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lottie L. Batis 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 16, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1938, 1938 to May 5, 1940
 that I last saw him alive on May 4, 1940, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 0 19 hr. _____ min.

Immediate cause of death Carcinoma of buccal mucosa 8 mo.
 Duration

9. Birthplace Kendriektown, Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Stone Mason.

11. Industry or business _____
 12. Name Batis
 13. Birthplace Wheeling, W. Va.
(City, town, or county) (State or foreign country)
 14. Maiden name Louise A. Ogle
 15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Lottie Batis
 (b) Address 1126 Sycamore St., Carthage, Mo.

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? _____

17. (a) Burial (b) Date thereof 5-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Park Cemetery 865
 18. (a) Signature of funeral director Ed. C. Ulmer
 (b) Address 1208 Garrison, Carthage, Mo.
 19. (a) May 6, 1940 (b) E. J. McEntire, R.D.
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature Russell Smith or other _____
 Address Carthage, Mo Date signed 5-6-40

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

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.

REV. 2-17-39 I X19511

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..... *E. J. ...*

Licensed Embalmer No. *2222*

P. O. Address..... *Ortunage*

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.