

STANDARD CERTIFICATE OF DEATH

State File No. 2482

Registration District No. 290

Primary Registration District No. 5408

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County Dunklin Mo  
(b) City or town Rural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Dunklin  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Edward Hughes Battle  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 9  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife \_\_\_\_\_  
7. Birth date of deceased Sept. (Month) 8-1940 (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4 1941 to Jan 9 1941  
that I last saw him alive on Jan 9 1941  
and that death occurred on the same hour stated above.  
Immediate cause of death Alth Pneumonia

8. AGE: Years \_\_\_\_\_ Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Dunklin Co. Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Indiant

Major findings: Of operations X  
Of autopsy X

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Ed Battle  
13. Birthplace Pigton Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Mar W Battle  
15. Birthplace Dunklin Co. Mo  
(City, town, or county) (State or foreign country)

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

16. (a) Informant J. E. Battle  
(b) Address Dunklin Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 7  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 1-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Marys

(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? \_\_\_\_\_

18. (a) Signature of funeral director W. S. McDaniel  
(b) Address Dunklin Mo  
19. (a) Feb 7-1941 (b) W. S. McDaniel  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature W. S. McDaniel (M. D. or other) 1  
Address Dunklin Mo Date signed 1-9-41

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

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.**