S. No. 2
I—1-4-41
. 5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35450

Registration District No. 508 Primary Registration District No. ~~508~~ 3026 Registrar's No. 140

59
1
2

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1018 Calhoun
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 059

(a) State Missouri (b) County Livingston 1
(c) City or town Chillicothe 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1018 Calhoun
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Cansida L. Batson
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife George W. Batson
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased February (Month) 3 (Day) 1866 (Year)

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

9. Birthplace California (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Edward Pomeroy
13. Birthplace Boston (City, town, or county) Massachusetts (State or foreign country)
MOTHER
14. Maiden name Susan Tetters
15. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Rose Campbell
(b) Address Ottawa, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-'41 (Month) (Day) (Year)
(c) Place: burial or cremation Union Grove Cemetery
18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri
19. (a) Oct 13-1941 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1941 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Aug 15, 1941, to ..... 19..., that I last saw her alive on Oct 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rt breast — Duration 3 years
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
50
Major findings:
Of operations .....
Of autopsy .....

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

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 [signature] (M. D. or other) 0
Address Chillicothe, Mo Date signed 10/13/41

458 (Licensed Embalmer's Statement on Reverse Side)

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

Elton F. Norman, Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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.