

FILED DEC 3 1943

4923

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3905 1/2 Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution Home
In this community I Year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3905 1/2 Indiana Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Charles Henry Batley

3. (b) If veteran, name war no 3. (c) Social Security No. 486 OI 8953

4. Sex Male 5. Color or Race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Ruth Batley 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May 16th 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 2 hr. min.

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

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER { 12. Name Chas H. Batley SR
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Batley
(b) Address 3905 1/2 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Blvd

19. (a) 11-22-43 (Date received local registrar) (b) H. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th
year 1943 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Reputy Coroner 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) a40

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy See Above
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. E. Brown (M. D. or other) M.D.
Address 22 Mc Coy Date signed 11/19/43

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

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.