

FILED DEC 13 1943

Registration District No. **157**

Primary Registration District No. **3028**

Registrar's No. **215**

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:
822 East Macon 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 **About six weeks**
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. **822 East Macon St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM MARTIN BATY**

3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

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

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

7. Birth date of deceased **November 4, 1874**
(Month) (Day) (Year)

8. AGE: Years **69** Months **0** Days **11** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER { 12. Name **John F. Baty**

13. Birthplace **X Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary J. Wright**
(City, town, or county) (State or foreign country)

15. Birthplace **West Plains, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Oda Arr**

(b) Address **822 East Macon St., Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **11-18-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PARK CEMETERY**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 Garrison, Carthage, Mo.**

19. (a) **Nov. 18, 1943** (b) **Elizabeth Couplin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **15th**,
year **1943** hour **2⁰⁰** minute **A** M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him **Did not see him alive** alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) **94a**

Major findings: Of operations _____

Of autopsy _____

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) _____
Means of injury **Coronary**

23. Signature **P. H. Heister** (M. D. or other) _____

Address **Carthage, Mo** Date signed **Nov 16**

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

43-11-992

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. L. L. L. L.*
Licensed Embalmer No. 2222
P. O. Address Carthage

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.