

5. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14217

FILED MAY 10 1945

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1833 S. Warren
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1833 S. Warren
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Lela Ann Battles

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Michael T. Battles

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased December 29 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 21
If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Allan Campbell

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Melissa Bannister

15. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Battles

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof Apr. 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director: McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 4-20-45 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1945 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1935 to April 19 1945
that I last saw him alive on April 19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arterio Sclerosis & hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature J. W. Boyer

Address Sedalia Mo Date signed 4/20/45

Duration

5 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0
6
6
4

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5/9/45

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 RPM Crary

Licensed Embalmer No. 3153

P. O. Address Bedalea 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.