

FILED MAY 2 1946 STANDARD CERTIFICATE OF DEATH

State File No. 12743

Registration District No. 104

Primary Registration District No. 9176

Registrar's No. 72

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

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
503 South Edwards Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community All of Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin 35
 (c) City or town Malden 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 503 South Edwards Street /
(If rural, give location)
 (e) Citizen of foreign country? No. d
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Unnamed Batson Baby

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 28th.
 year 1946 hour 7.00 minute _____ P.M.

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

21. I hereby certify that I attended the deceased from March 26 1946 to March 28 1946
 that I last saw him alive on March 28 1946
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: March 28 1946
(Month) (Day) (Year)

Immediate cause of death: premature newborn 6 months
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	0 hr. 30 min.

Due to _____
 Due to _____

9. Birthplace: Malden Mo
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation: Infant

Major findings: 159
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business: Above

12. Name: Robert E. Batson

13. Birthplace: Campbell MO.
(City, town, or county) (State or foreign country)

14. Maiden name: Helen Melba Hughes

15. Birthplace: Malden Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Robert Batson

(b) Address: Malden, Mo.

17. (a) Burial (b) Date thereof: 3-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Malden Memorial Cemetery

18. (a) Signature of funeral director: Day Funeral Home

(b) Address: Malden, Mo.

19. (a) 4-5-46 (b) J.S. Schawman
(Date received local registrar) (Registrar's signature)

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: SM Bailey (M. D. or other) M.D.
 Address: Malden, Mo Date signed: 3/29/46

RECEIVED

District Health Office No. 2,

District File Number 546-557

Date Filed 5-1-46

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.