

S. No. 2
M-5-43
7-5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 973
Registrar's No. 293

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: Menorah
(d) Length of stay: In hospital or institution 14 Days
In this community 14 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town ORRICK
(d) Street No.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME PEARL BATTAGLER
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, mamee
6. (b) Name of husband or wife Louis Battagler
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug 9 1874

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 22 year 1948 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 10 1948 to Jan 22 1948 that I last saw her alive on Jan 21 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 03 Days 13 If less than one day

Immediate cause of death: Cancer metastasis to liver, acute cholecystitis
Duration: 2 weeks

9. Birthplace Ohio

Due to: primary site in stomach

10. Usual occupation Housewife

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

11. Industry or business

Major findings: GB removal

12. Name Charles Fisher

Of operations: GB removal
Of autopsy: 406

13. Birthplace Unknown Ohio

14. Maiden name Celie Fisher

15. Birthplace Saline Ohio

16. (a) Informant Louis Battagler
(b) Address Orriety Mo.

17. (a) Burial (b) Date thereof Jan 22 48
(c) Place: burial or cremation Union Cem Orick Mo.

18. (a) Signature of funeral director B. W. Food
(b) Address Orriety Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work: Means of injury:
23. Signature Allorris Tubbs
Address 1220 Prof Bldg Date signed 1-22-48

19. (a) 1-22-48 (b) Thaldine Holmes

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

MOTHER, FATHER

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.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER {

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....
 (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
 (b) Address.....

19. (a) (b)
 (Date received local registrar) (Registrar's signature)

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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..... (M. D. or other).....

Address..... Date signed.....

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 *Victor E. Imminger*

Licensed Embalmer No. *2896*

P. O. Address *Liberty 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.