

FILED AUG 12 1948

Registration District No. 67Primary Registration District No. 5271Registrar's No. 19

1. PLACE OF DEATH:

(a) County Christian
 (b) City or town rural - Logan
 (c) Name of hospital or institution: 1
 (If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community entire life (Specify whether years, months or days)3. (a) PRINT FULL NAME Troy Ray Batson

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Linnia Batson 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased May 13 - 1913
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 2 2 hr. _____ min.

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

10. Usual occupation employee of Producers Creamery

11. Industry or business Creamery

12. Name Frank M. Batson

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

14. Maiden name Lydia Ricketts

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

16. (a) Informant's own signature Mrs. Linnia Batson

(b) Address Brookline R-1

17. (a) burial (b) Date thereof July 16 - 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manly Cemetery

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever - Missouri

19. (a) July 16, 1948 (b) Alline Drew
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town rural
 (If outside city or town limits, write "RURAL")

(d) Street No. Brookline R-1
 (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
 year 1948 hour _____ minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death self inflicted gun shot wounds Duration _____

Due to nervous disorders had nervous breakdown

Due to few months ago

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 INFORMATION REQUIRED

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence July 15 - 48

(c) Where did injury occur? rural Christian Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home Brookline R-1

While at work? _____ (Specify type of place)

23. Signature J. W. Maples (M.D. or other) Coroner

Address Clever - Mo. Date signed 7-15-1948

RECEIVED

District Health Officer

District File Number 848-877

Date Filed AUG 11 1948

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..... J.W. Moyles
Licensed Embalmer No. 2985
P. O. Address..... Clever Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22518
Dec 9
19

State File No.

Registrar's No.

Registration District No. 69

Primary Registration District No. 5271

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Jay R Batsan

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased May 13 (Month) (Day) (Year)

8. AGE: Years 35 Months 2 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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 _____ (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____

that I last saw him _____ alive on _____, 19 _____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

Due to _____

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 statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence July 15-48

(c) Where did injury occur? Home - Christian Mo. (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 3

23. Signature _____ (M. D. or other) 3

Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

S-22518