

REC'D JAN 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43834
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau 2 Registration District No. 57
(b) Township Walsar Primary Registration District No. 5769 Registered No.
(c) City 1 (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town, where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 524 Katharine Unglaub St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1878
7. AGE YEARS 60 MONTHS 2 DAYS 22 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co Mo
13. NAME Alonzo Batley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Knott
15. MAIDEN NAME Katharine Forst
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Knott
17. INFORMANT Veala Unglaub
(ADDRESS) California mo
18. BURIAL, CREMATION OR REMOVAL PLACE Moniteau Evangelical ch DATE 12/4 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hellenius & Freidung
California mo
20. FILED 12-6 1938 H. P. Pope Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 1938
I last saw him alive on Dec. 2 1938 Death is said to have occurred on the date stated above, at 11:30 am.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Date of onset 11/14/38
Other contributory causes of importance: 107W
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify K. G. Hazard
(Signed) K. G. Hazard
(Address) California, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, above space should be left blank.