S. No. 2
—1/47
6-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948
Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5796

State File No. 5543

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town Rural Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: California, Mo, Rt # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. California, Mo Rt # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alonzo Batty
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 25 (Day) 1858 (Year)

8. AGE: Years 90 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace Moniteau Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business

MOTHER / FATHER
12. Name Robert Batty
13. Birthplace Kent (City, town, or county) (State or foreign country)
14. Maiden name Eliza Reed
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lizzie Clemmons
(b) Address California mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1948 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemt California
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo
19. (a) 2-3-48 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1948 hour 12/40 minute A. M.
21. I hereby certify that I attended the deceased from Jan 2 1948 to Feb. 1 1948 that I last saw him alive on Jan 28 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of throat	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1-57	
Of autopsy	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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 T. H. Bowlin (M. D. or other) D.O
Address California, Mo Date signed 2/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number----------
Date Filed ---------- MAR 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 ZMR

..... Registered Apprentice No.....

working under my personal supervision.

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California ZMR

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.