

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28310**

Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **215**

1. PLACE OF DEATH:

- (a) County **Cal**
(b) City or town **Jefferson City, Mo.**
(c) Name of hospital or institution: **St. Marys Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **six days**
Specify whether
In this community **2:00**
years, months or days

3. (a) PRINT FULL NAME **Esther Margaret Batterman**

3. (b) If veteran,
name war

3. (c) Social Security
No. **none**

4. Sex **Female**
race **White**

5. Color or **White**
6. (a) Single, widowed, married,
divorced **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive **4** years
(Day) (Year)

7. Birth date of deceased **Jan**
(Month)

4 **1925**
(Day) (Year)

8. AGE: Years **16** Months **7** Days **17**
If less than one day
hr. min.

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

10. Usual occupation **Student**

11. Industry or business **Student**

MOTHER FATHER
12. Name **Henry E. Batterman**
13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma Kuehl**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charlotte J. Batterman**

(b) Address **California, Missouri**

17. (a) **Burial** (b) Date thereof **8/23/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Masonic Cemetery**

18. (a) Signature of funeral director **J. W. Wilson & Sons**

(b) Address **California, Mo.**

19. (a) **8/23/40** (b) **D. H. Beardsley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Moniteau**
(c) City or town **California**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **21st**
year **1940** hour **6:00** minute **00** M.

21. I hereby certify that I attended the deceased from **Aug 15**
to **Aug 21st**, 19**40**,
that I last saw her alive on **Aug 21st**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Encephalitis**
(meningitis) Duration **9 days**

Due to **unknown**

Due to **78**

Other conditions **none**
(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) (c) Means of injury

Signature **Paul H. Howard** (M. D. or other) **1**
Address **Jefferson City, Mo.** Date signed **8-21-40**

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

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.....

A. E. Wilson

Licensed Embalmer No. *2351*

P. O. Address. *California, 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, above space should be left blank.