

"Iowa, Death Records, 1921-1940," database with images, FamilySearch (http://www.familysearch.org3 : accessed 28 May 2017), Emma C. Batesole, 1 May 1938, Marshall County, > image 56 of 4647; citing State Historical Society of Iowa, Des Moines.

IOWA STATE DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No.

J64- 51

1. PLACE OF DEATH  
 County Marshall State: IOWA Registered No. \_\_\_\_\_  
 Township Marshall or Village \_\_\_\_\_ or \_\_\_\_\_  
 City Marshalltown No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution give its name instead of street and number)

Length of residence in city or town where death occurred, 40 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Emma C. Batesole  
 (a) Residence No. Marshalltown St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE N. 5. Single, Married, Widowed, Divorced (write the word) Widow  
 5a. If married, widowed, or divorced HUSBAND of Wm. Batesole (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year) Nov 6-1859  
 7. AGE Years Months Days If less than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mins.  
78 6 26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

FATHER

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Daniel P. Recheau

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Kozia Bastus

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT J.S. Post Records (Address) Marshalltown

18. BURIAL, CREMATION, OR REMOVAL Place Marshalltown, Iowa Date May 3, 1938

19. LICENSED EMBALMER N.A. Davis No. 2425 (Address) Marshalltown, Iowa

20. FILED MAY 2 1938 Registrar. C.A. Rockland (Address) Marshalltown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 1, 1938  
 22. I hereby certify that I attended deceased from Apr 26, 1938 to May 1, 1938  
 I last saw her alive on May 1, 1938, death is said to have occurred on the date stated above, at 8:10 P. m.  
 The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral thrombosis  
 Date of onset 5/1/38  
 Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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? No If so, specify \_\_\_\_\_

(Signed) Wm. Coppage M. D.  
 (Address) Marshalltown

should be carefully applied, 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. See instructions on back of certificate.

(Over) 64-10