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FILLED NOV 15 1949 6

Primary Registration District No. 3038

Registrar's No. 160

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Center
(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 50 yrs.
years, months or days

3. (a) PRINT FULL NAME ELLA B. Crutetfield

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

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stapleton Butchfield 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug. 31 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name George Marshall

13. Birthplace Cooper Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Slaughter

15. Birthplace Cooper Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Willie Jackson

(b) Address 419 N Lincoln Marshall Mo

17. (a) Burial (b) Date thereof Oct. 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Campbell-Jewis

(b) Address Marshall Mo.

19. (a) 10-28-41 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

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

(d) Street No. 568 N. Sebras
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 15, 1939, to Oct 26, 1941;
that I last saw her alive on Oct 26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Renal

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 131a
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None

(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? None (Specify type of place) (e) Means of injury _____

23. Signature Robert Marshall (M. D. or other) _____

Address Marshall Mo Date signed 10-27-41

Duration 47 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-10-21

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..... *R.W. Campbell*
Licensed Embalmer No. *3469*
P. O. Address *Marshall, W.V.*

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.