

JAN 15 1938

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

44640
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 50
(b) Township Primary Registration District No. 3004 Registered No. 87
(c) City Butler (d) Street No. Butler Memorial Hospital 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

Unidentified Man - Name may be Bishop
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 55 or 60

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Don't know
9. Industry or business in which work was done, as saw mill, bank, etc. Don't know
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) Don't know

FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Bert Whately Sheriff Dr Smith coroner
(ADDRESS) Butler Mo - Rich Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dak Hill DATE Dec. 23 1937

19. FUNERAL DIRECTOR Lo Culver
(ADDRESS) Butler Mo

20. FILED Dec. 23, 1937 Nina L Culver
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Basilar Skull Fracture - from being hit by auto on U.S. Highway # 71 on Dec 11, 1937

Date of onset

Other contributory causes of importance:

cerebral hemorrhage

Name of operation Autopsy Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 11 1937

Where did injury occur? Richie Cass Co Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. U.S. Highway # 71

Manner of injury Skull Fracture

Nature of injury Hit by Car

24. Was disease or injury in part related to occupation of deceased? no

If so, specify Hit by car on Highway

(Signed) Rollin H. Smith M. D.

(Address) Coroner, Bates Co. Mo
Rich Hill 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, b. E. Butler, Licensed Embalmer No. 2576

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed b. E. Butler

Licensed Embalmer No. 2576

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.)