

JAN 12 1946

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 66

1. PLACE OF DEATH:
(a) County BATES
(b) City or town BUTLER MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MEMORIAL HOSP - BUTLER MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WK -
(Specify whether
In this community 12 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO - (b) County BATES
(c) City or town RURAL -
(If outside city or town limits, write "RURAL")
(d) Street No. Butler R. F. D. -
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME MARGARET EW BANK
8. (b) If veteran, name war X
8. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 2
year 1939 hour 11 minute 05 P.M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased SEPT 15 - 1925
(Month) (Day) (Year)

I hereby certify that I attended the deceased from Nov 2nd 39 to Dec 2 39
that I last saw h. e. r. alive on Dec 2 39
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
14 2 17 hr. min.

Immediate cause of death General peritonitis
Due to cholesterol appendix

9. Birthplace K.C. MO -
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (include pregnancy within 3 months of death) 1/1

10. Usual occupation X School girl

Major findings: Of operations _____
Of autopsy Dec 3rd -
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name PERRY EW BANK
13. Birthplace IOWA
(City, town, or county) (State or foreign country)
14. Maiden name BLANCH DUNAVAN
15. Birthplace IOWA
(City, town, or county) (State or foreign country)

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?

16. (a) Informant's own signature Perry E. Bank
(b) Address RT# - BUTLER MO

17. (a) Burial (b) Date thereof Dec 4 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DAKTING

18. (a) Signature of funeral director BOOTH FUNERAL HALL
(b) Address BUTLER MO
19. (a) Dec 4 1939 (b) Anna P. Culver
(Date received local registrar) (Registrar's signature)

23. Signature L. D. La Rue (Specify type of place) (a) Means of injury _____
Address Butler, Mo (M. D. or other) MD
Date signed _____

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.

RECEIVED
District Health Officer No. 7,
District No. 1-40-148
Date filed 1-12-40

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.....

..... *myself* Registered Apprentice No.
working under my personal supervision.

Signed *John H. Underwood*
Licensed Embalmer No. *3585*
P. O. Address *Butler 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.