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10-39  
-39  
C21492

Registration District No. \_\_\_\_\_

Primary Registration District No. 3004

Registrar's No. 52

JUL 17 1940  
1870

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 7 Main street 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates  
(c) City or town Butler (If outside city or town limits, write "RURAL")  
(d) Street No. 7 Main st (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Leona Holcomb 425

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Nov 23 1953  
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Athens Co. Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name William Wallace Tenty

13. Birthplace Athens Co. Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Henry

15. Birthplace Athens Co. Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jesse Weyer  
(b) Address Adrian mo

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place: burial or cremation Dak Hep

18. (a) Signature of funeral director Culver  
(b) Address Butler Mo

19. (a) June 27 1940 (b) Mina E Culver  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8-4-39  
\_\_\_\_\_, 19\_\_\_\_, to June 28 1940  
that I last saw her alive on 5-6-40, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_

Due to 93 C

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

53 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Adheschidge (M. D. or other) MD.  
Address Butler Mo Date signed 6-27-40

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

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

RECEIVED

District Health Officer No. 7

District File Number 7-40-1081

Date Filed 2-19-40

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

Registered Apprentice No.

working under my personal supervision.

Signed *R. Denton Lish*

Licensed Embalmer No. *4123*

P. O. Address *Butte, Me*

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.