

FILED JUL 1 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21128

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Bates 1
(b) City or town Butler
(c) Name of hospital or institution: Butler Memorial Hospital
(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 Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs Blanch Almeda Church.

3. (b) If veteran, name war none 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Fred Church 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept 9 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife 1

11. Industry or business

12. Name Thomas M. Ewun 1

13. Birthplace Virginia
(City, town or county) (State or foreign country)

14. Maiden name Martha J Ewun

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

15. (a) Informant Fred Church

(b) Address Butler Mo

17. (a) Burial (b) Date thereof May 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver 53

(b) Address Butler Mo

19. (a) May 26 1940 (b) Nana L Culver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1940 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 36, 1936, to May 25, 1940,
that I last saw her alive on May 25, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions 930
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. H. Woodruff (M. D. or other) 1

Address Butler Mo. Date signed 5-27-40

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 6-44-894
Date Filed 6-18-40

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, Ray

....., Registered Apprentice No.
working under my personal supervision.

Signed R. L. Penton, Jr.

Licensed Embalmer No. 4123

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.