

Registration District No. 50 Primary Registration District No. 3004 Registrar's No. 58

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(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 2 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MIRIAM BOND 5'30

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 490-16-6221

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

6. (b) Name of husband or wife R.D. Bond 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 20 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business operating a school for the deaf

12. Name Valentius Summers 18. Birthplace don't know
(City, town, or county) (State or foreign country)

14. Maiden name Augusta McCube 15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Summers (b) Address Osborn, Mo.

17. (a) Removed (b) Date thereof July 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stantonville Mo.

18. (a) Signature of funeral director Gus Jones (b) Address Butler, Mo.
19. (a) July 22 1940 (b) Nina E. Culver
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1940 hour 10 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from 7-13-
1940 to 7-20- 1940
that I last saw h. aw alive on 7-20- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Unassisted Obstruction

Due to _____
Due to _____

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

Major findings: Obstruction by adhesion of small bowel
Of operations _____
Of autopsy _____

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

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 W. H. ... (M. D. or other) _____
Address Butler Mo Date signed 7-22-40

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

RECEIVED

District Health Officer No. 7,

District File Number 8-40-1168

Date Filed 8-10-40

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

B. Denton Lisle

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.