AUG 23 1940

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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24526

Registration District No. 50 Primary Registration District No. 3004 Registrar's No. ~~3004~~ 61

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

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: 607 W Ft. Scott.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

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. 607 W Ft. Scott.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Lula M Sense Todd

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed.

6. (b) Name of husband or wife Albert Sense.

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept 25 1869. (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Ft. Madison (City, town, or county) Iowa. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home.

FATHER
12. Name Wm Mc Comb.
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name Susanna C Van Horn
15. Birthplace Ft Madison (City, town, or county) Iowa. (State or foreign country)

16. (a) Informant Helen Sense
(b) Address Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

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

19. (a) Aug 14 1940 (Date received by local registrar) (b) Nina L Culver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1940 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Aug 3rd, 1940 to August 12, 1940 that I last saw her alive on August 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	
Due to Chr. Arteriosclerosis	
Due to Chr. Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Carter H. Lutes (M. D. or other) M.D.
Address Butler, Mo Date signed 8/13/40

(Licensed Embalmer's Statement on Reverse Side)

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 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, fact should be so stated above.