No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24444

Registration District No. 5

Primary Registration District No. 3004

Registrar's No. 51

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:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 007

(a) State Mo (b) County Bates 1

(c) City or town Butler 1
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MAUDE E. McCANN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Lawrence McCann

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Nov (Month) 24 (Day) 1897 (Year)

8. AGE: Years 43 Months 7 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Clarinda (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Fred Eubank
13. Birthplace I (City, town, or county) Indiana (State or foreign country) 1

MOTHER
14. Maiden name Bertha Kelley
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Lawrence McCann
(b) Address Butler Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 21, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

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

19. (a) July 21. 41 (Date received local registrar) (b) Nina L Culver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1941 hour 1 minute a. M.

21. I hereby certify that I attended the deceased from May 4, 1941, to July 26, 1941;
that I last saw her alive on July 20, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Arsenical Poisoning	
Due to	
Due to Drinking Arsenical Rat Poison Liquid	
Other conditions (Include pregnancy within 3 months of death) Chr: Melancholia	
Major findings: Of operations	
Of autopsy	

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

16 3 A

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 7-19-41 Home Butler Mo
(c) Where did injury occur? Butler (City or town) Bates (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Carter W. Luter (M. D. or other) MD
Address Butler Mo Date signed 7/21/41

03

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1942

DEC 22 1942

RECEIVED
District Health Officer No. 9
District File Number 8-41-1353
Date Filed 8-14-41

[redacted]

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 [redacted] .....

....., Registered Apprentice No.....

working under my personal supervision.

Signed R. Denton Lile

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.