

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27762

LANE
FILLED SEP 10 1941
Registration District No. 21

Primary Registration District No. 3604

Registrar's No. 58

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

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Butler Missouri
 (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 56 years (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates
 (c) City or town Butler Mo. 201 S. Mechanic
 (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 _____

3. (a) PRINT FULL NAME Mary Ann Wix
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 25
 year 1941 hour 8 minute 20 AM

4. Sex female 5. Color White 6. (a) WIDOWED
 divorced _____
 6. (b) Name of husband or wife R.B. Wix 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 25 1856
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1931
 or Aug 25 1941
 that I last saw him alive on _____ and that death occurred on the date and hour stated above.
 Immediate cause of death Nephritis
 Duration _____

8. AGE: Years 85 Months 3 Days 0
 If less than one day _____ hr. _____ min.

Due to Chronic Nephritis
Hypertension
 Due to _____

9. Birthplace Flint Michigan
 (City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Other conditions (include pregnancy within 3 months of death) 1318

11. Industry or business _____
 12. Name Gideon Willy
 13. Birthplace Michigan
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Willy
 15. Birthplace Michigan
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant J. A. Wix
 (b) Address Butler Missouri
 17. (a) Burial (b) Date thereof Aug. 26/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oakhill Cemetery

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 0

18. (a) Signature of funeral director Booth Funeral Home
 (b) Address _____
 19. (a) Aug 26 41 (b) Nina L. Wilson
 (Date received local registrar) (Registrar's signature)

23. Signature N. D. De Hue (M. D. or other) md
 Address Butler, Mo Date signed 8-25-41

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1617

Date filed 9-9-41

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.....

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

Signed *John Henderson*
Licensed Embalmer No. **3585**

P. O. Address **Butler Missouri**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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