

FILED MAY 15 1942

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler City
(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..... years, months or days)

3. (a) PRINT FULL NAME AMANDA CROUCH

3. (b) If veteran, name war..... 3. (c) Social Security # 7-37
No.....

4. Sex f 3 5. Color or race negro 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased. Dec 31 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 19 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Adam Ellis

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

14. Maiden name Miss Susan

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

16. (a) Informant Earl Leonard

(b) Address Butler Mo

17. (a) buried (b) Date thereof April 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Out Hue

18. (a) Signature of funeral director Lawrence

(b) Address Butler Mo

19. (a) April 20 1942 (b) Ms. C. C. Coker Deputy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Butler
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 1942
year 1942 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 2 1942 to April 19 1942
that I last saw her alive on April 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
Stomach

Due to Carcinoma
Stomach

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

Major findings:
Of operations 46 f
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?

While at work (Specify type of place) (c) Means of injury.....
23. Signature Carte H. Luter (M. D. or other) MS
Address Butler, Mo Date signed 4/20/42

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

7
1
1

RECEIVED

District Health Officer No. 7,

District File Number 5-42-324

Date Filed 5-14-42

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.....

L. E. Carlson

Licensed Embalmer No. 2576

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.