V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26630

State File No.

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 42

7
1
1

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: 107 S. Main /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Butler 1
(If outside city or town limits, write "RURAL")
(d) Street No. 107 S. Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Flah May Hawley
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex female /
5. Color or race white
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Ed Hawley
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Nov 2 (Month) 1880 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	9	15	hr. min.

9. Birthplace Butler (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own home
FATHER
12. Name Charley Cooper
13. Birthplace Pleasant Hill (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Malissa Ryan
15. Birthplace Quincy (City, town, or county) Illinois / (State or foreign country)
16. (a) Informant Ed Hawley
(b) Address Butler Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20 42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Culvers
(b) Address Butler Missouri
19. (a) Aug. 19, 1942 (Date received local registrar) (b) Mrs Marvin Cumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 47
year 1942 hour 4 30 minute P. M.
21. I hereby certify that I attended the deceased from June 5, 1942 to Aug 17, 1942
that I last saw her alive on Aug 17, 1942
and that death occurred on the date and hour stated above.

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

93 J

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 Whiteley (M. D. or other) MD
Address Butler MO Date signed 8/18/42

1306 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-42-986
~~Date~~ Filed 9-9-42

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 C. E. Culver

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.