S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5763

Registration District No. 27 | Primary Registration District No. 3005 | Registrar's No. 4

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: 1
(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: 60 yr

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.: W. Ohio
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No): O

If yes, name country .....

3. (a) PRINT FULL NAME: MARGERET FRANCES WARFORD

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: F 1

5. Color or race: W

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

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

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

7. Birth date of deceased: March (Month) 5 (Day) 1863 (Year)

8. AGE: Years 79 | Months 8 | Days 7 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: retired Lumber

11. Industry or business .....

FATHER
12. Name: Uriah Clemmons
13. Birthplace: East Knox (City, town, or county) G (State or foreign country)

MOTHER
14. Maiden name: Sarah Knox
15. Birthplace: East Knox (City, town, or county) G (State or foreign country)

16. (a) Informant: Gordon Warford
(b) Address: Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 13, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill

18. (a) Signature of funeral director: Calvin
(b) Address: Butler Mo

19. (a) Jan. 13, 1943 (Date received local registrar) (b) Mrs Marvin Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th year 1943 hour 11 minutes 30 a.m.

21. I hereby certify that I attended the deceased from Jan 8th 43, to Jan 11th 43, that I last saw her alive on Jan 11th 43, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): 9 4 a	
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: L. D. Tatum (M. D. or other)
Address: Butler, Mo Date signed 7/12

1306

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-43-80
Date Filed 2-5-43

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.