

FILED APR 14 1943
 Registration District No. 2

Primary Registration District No. 3005

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Butler
 (c) Name of hospital or institution:
218 W. Ohio Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 65 yrs
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates
 (c) City or town Butler
 (d) Street No. 218 W Ohio Street
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FLORENCE ELLEN MAC CURDY
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 6
 year 1943 hour 6 p.m. minute _____ M.
 21. I hereby certify that I attended the deceased from May 5th to May 6th 1943
 that I last saw her alive on May 6th 1943
 and that death occurred on the date and hour stated above.

4. Sex f 5. Color or race w 6. (a) Single, widowed, married, 2 divorced, widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased April 3 1860
 (Month) (Day) (Year)

Immediate cause of death Myocarditis
 Due to Chronic Nephritis & Hypertension
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
131 h

8. AGE: Years Months Days If less than one day
82 11 3 _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Levi J. Faceknee

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

14. Maiden name Mary Ann Coffey

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

16. (a) Informant Mrs. G. H. Ellis

(b) Address Adrian, Mo

17. (a) Burial (b) Date thereof March 9, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

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

19. (a) 3-8-43 (b) Mrs. Marie Compton
 (Date received local Registrar) (Registrar's signature)

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?
 While at work _____ (Specify type of place) (e) Means of injury road
 23. Signature L. S. Lathrop (M. D. or other) _____
 Address Butler, Mo Date signed 3/9/43

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

MOTHER FATHER

1306

RECEIVED

District Health Officer No. 71

District File Number 3-43-82

Date filed 4-10-43

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. Cullen*

Licensed Embalmer No. 2576

P. O. Address *Butte, 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.