

S. No. 2
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5-1-39
PI 229-524

Dr. Charles Wetzzel
34591

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 855

NOV 8 1943

Registration District No. 128 Primary Registration District No. 5466

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural, Springfield, Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ozark Osteo Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 Day (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Stockton
(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 Maggie E. Butler

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Nov. 29 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 10 17 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Soloman

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

14. Maiden name Sara Jackson

15. Birthplace Cedar County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Butler

(b) Address Stockton, Missouri

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

(c) Place: burial or cremation Stockton, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-16-43 (b) H. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1943 hour 5:00 minute _____ p. M.

21. I hereby certify that I attended the deceased from Oct. 15, 1943
to Oct 16, 1943
that I last saw her alive on Oct 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arterio Sclerosis
General

Due to _____
Other conditions Chronic myeloid leukemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

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 _____

23. Signature H. W. Handley (M.D. or other) _____
Address 2100 S. Hollard Date signed 10-16-43

Duration 1941
1933
1940
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Walter E. Hamilton*.....
Licensed Embalmer No. *3808*
P. O. Address *Springfield, 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.