

5. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37885

FILED DEC 9 1943 7

State File No. _____

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 66

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

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:
219 W. Vine Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months (Specify whether
In this community 7 months years, months or days)

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. 209 W. Vine St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

8. (a) PRINT FULL NAME Mary Ellen Champlin

8. (b) If veteran, name was none 3. (c) Social Security No. none

4. Sex female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Mar. 22 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Teagarden Ind. I
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business _____

12. Name Jacob W. Ross

13. Birthplace Laurel Hill Pa. I
(City, town, or county) (State or foreign country)

14. Maiden name Therisa E. Wymer

15. Birthplace Laurel Hill Pa. I
(City, town, or county) (State or foreign country)

16. (a) Informant Ross Champlin

(b) Address Butler Mo.

17. (a) Burial (b) Date thereof 11-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scott Cemetery

18. (a) Signature of funeral director Archer & Mangold

(b) Address Butler Mo.

19. (a) 11-3-1943 (b) Pauline Hampton
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month NOV day 1
year 1943 hour 3:00 minute 8 M.

21. I hereby certify that I attended the deceased from Sept. 4 1943 to Nov 1 1943
that I last saw her alive on Nov Oct 31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
General Arteriosclerosis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/4 a

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 _____
(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 _____

23. Signature James A. Lusk Jr. (M. D. or other) 11/3/43
Address Butler, Mo. Date signed _____

Duration _____
PHYSICIAN _____
Underlines the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 71

District File Number 11-43-1331
Date filed 12-8-43

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

L. R. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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, above space should be left blank.