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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38126

State File No.

FILED DEC 11 1943

Registration District No. 1481

Primary Registration District No. 5407

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Douglass

(b) City or town Cabool Mo (South Star Route)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / McKinley Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglass

(c) City or town Cabool Mo (rural)
(If outside city or town limits, write "RURAL")

(d) Street No. McKinley Twp
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

34

3. (a) PRINT FULL NAME Exey Elizabeth Butts

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 Widowed

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

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

7. Birth date of deceased June (Month) 25 (Day) 1863 (Year)

8. AGE: Years 80 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Texas County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Christopher Coble 0
13. Birthplace unknown (City, town, or county) Dont know (State or foreign country)

MOTHER
14. Maiden name Nancy Jefferson 0
15. Birthplace unknown (City, town, or county) Dont know (State or foreign country)

16. (a) Informant Millie Wheeler
(b) Address Drury Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Plesant Hill Cemeter

18. (a) Signature of funeral director Neighbors
(b) Address Cabool Mo - South Star Route

19. (a) 12-1-43 (Date received local registrar) (b) Mrs. J. R. Spurlock (Registrar's signature) deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1943 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from July 1 1941 to Oct 21 1943.
that I last saw her alive on Oct 18 1943.
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infirmities of age	
Due to Fracture of right hip	1941
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

162 b

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? Means of injury 0

23. Signature H. G. Frame (M. D. or other)
Address Mountain Grove Mo Date signed 10/21/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1243-1349
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.....

Licensed Embalmer No.....

P. O. Address.....

Note:—The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.