

FILED JAN 10 1943

Registration District No. _____

Primary Registration District No. 3005

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Bates

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 77 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Buteau
(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 MARY SIMPSON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20th
year 1943 hour 4 minute 2 M.

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 May 23 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1st 31 to Dec 20th 1943
that I last saw her alive on Dec 19th 1943
and that death occurred on the date and hour stated above.

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

78 6 27 hr. _____ min.

Immediate cause of death Carbide hemangioma

Due to _____

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

Due to Chronic nephritis & hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Laundry

11. Industry or business _____

MOTHER { 12. Name Wm

FATHER { 13. Birthplace don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name don't know

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

Major findings: 1318

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J W Simpson

(b) Address 1707 Prospect St. Mo

17. (a) burial (b) Date thereof Dec 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Louise

(b) Address Buteau, Mo

19. (a) 12-21, 1943 (b) Louise Compton
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature J W Simpson (M. D. or other) _____
Address Buteau, Mo Date Dec 20, 1943

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

RECEIVED

Health Officer No. 71

License Number 12-43-1493

Date 1-7-44

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. Guler

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.