

FILED APR 8 1944
Registration District No. 2074

Primary Registration District No. 3005

State File No. _____

Registrar's No. 23

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: 211 W Ft. Scott 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 211 W Ft. Scott Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Jane Ely
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 3
year 1944 hour 2 minute 20 M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 29 1848
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25 to May 26 1944
that I last saw him alive or dead and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic nephritis
Duration _____

8. AGE: Years 95 Months 11 Days 3
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Lebanon Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Housewife

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name William Evans
13. Birthplace Lebanon Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Banta
15. Birthplace Lebanon Ohio
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs M Knapp
(b) Address Pleasant Hill Mo.
17. (a) Burial (b) Date thereof March 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wak Hill
18. (a) Signature of funeral director Culvers
(b) Address Butler Missouri
19. (a) 3-4-44 (b) Pauline Hampton
(Date received local registrar) (Registrar's signature)

23. Signature Ed La Rue (M. D. or other) MD
Address Butler Mo Date signed 3-4-44

1506

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7, ---

District File Number 3-44-342

Date Filed 4-7-44

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. Conner

Licensed Embalmer No. 2576

P. O. Address Butler, 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.