No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15890

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 72

**1. PLACE OF DEATH:**

(a) County SALINE

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

(c) Name of hospital or institution: No (If not in hospital or institution, write street number or location)

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

In this community Life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County SALINE 97

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

(d) Street No. 459 So GRANT (If rural, give location) 1

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country ()

3. (a) PRINT FULL NAME ELIZABeth Butcher

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 Married

6. (b) Name of husband or wife Fern Butcher

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased ~~April~~ Dec 27 1885 (Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Decaturville Mo O (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business ~~Ad~~

FATHER
12. Name Adam DARROW
13. Birthplace Decaturville Mo A (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lena Gibson
15. Birthplace Stotland Mo A (City, town, or county) (State or foreign country)

16. (a) Informant Mr Fern Butcher

(b) Address Sweet Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem

18. (a) Signature of funeral director Don SHORT

(b) Address ~~Funeral~~ MARSHALL, Mo

19. (a) 4-13-44 (Date received local registrar) (b) Mrs T O Weselhoop (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day ~~10~~ 9 year 1944 hour 4:00 minute A.M.

21. I hereby certify that I attended the deceased from Mch. 13, 1944, to Apr. 9, 1943 that I last saw her alive on Apr. 8, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Right hemoplegia | 3-12-43 |
| Due to Arterial hypertension Arteriosclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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? (e) Means of injury

23. Signature [signature] M.D. O (M. D. or other)

Address Marshall, Mo Date signed 4-12-44

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-12-74

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 Don SHORT
Licensed Embalmer No. 3757
P. O. Address MARSHALL M

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

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