

FILED JUL 14 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 305

Registrar's No. 42

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:  
301 E. Pine 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. 301 East Pine St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Alice Crabtree

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 single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: April 15 1858  
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Christian Co Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Nurse wife

11. Industry or business In home

12. Name W J Crabtree

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Isabella Hall

15. Birthplace Richmond Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mess Dora Crabtree

(b) Address Butler Mo.

17. (a) Burial (b) Date thereof June 10 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director C. Lewis  
(b) Address Butler Mo.

19. (a) 6-10-44 (b) Pauline Crompton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1944 hour 9 minutes 30 P.M.

21. I hereby certify that I attended the deceased from June 1 3 30 to June 9 4 54 1944  
that I last saw her alive on June 9 9 44 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury fall

23. Signature L. D. LaHue (M. D. or other) \_\_\_\_\_

Address Butler Date signed 6-10-44

1306

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

2  
43  
39  
35897

RECEIVED  
District Health Officer No. 7  
District File Number 6-44-864  
Date Filed 7-13-44

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. Culver  
Licensed Embalmer No. 2576  
P. O. Address Bethel, 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.