

FILED JAN 15 1945

Registration District No.

Primary Registration District No.

Registrar's No.

27

3005

96

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: Home High Street 1
(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. High Street 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Crowe Von Nays

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

7. Birth date of deceased July 20 1852
(Month) (Day) (Year)

8. AGE: Years 92 Months 4 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace Carrollton Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business _____

12. Name James W Crowe

13. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha Bennett

15. Birthplace London England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Esther Sellers 1

(b) Address Butler Mo

17. (a) Buried (b) Date thereof Dec 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wat Lee

18. (a) Signature of funeral director Sellers

(b) Address Butler Mo

19. (a) 12-8-44 (b) Pauline Crompton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 2, 1944 to Dec 6, 1944
that I last saw him alive on Dec 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma Colon

Due to Generalized abdominal

Due to Carcinomatosis

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

Major findings: 1162

Of operations Carcinoma liver

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) _____ (e) Means of injury 0

23. Signature Esther W Sellers (M. D. or other) M.D.

Address Butler Mo Date signed 1/8/45

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 12-44-1512
Date Filed 1-12-45

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 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.