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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42073**
Registrar's No. **2560**

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2560**

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

1. PLACE OF DEATH:
(a) County **St Louis**
(b) City or town **Manchester**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Manchester Nursing Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 1/2 mo**
In this community **2 1/2 mo**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cape**
(c) City or town **Chaffee**
(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 **Martha Ann Butler**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **20**
year **1944** hour _____ minute **30** A.M.
21. I hereby certify that I attended the deceased from **646**
1944 to **Dec 20** 1944;
that I last saw her alive on **Dec 19** 1944;
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color of race **White**
6. (a) Single, widowed, married, divorced **Wid**
6. (b) Name of husband or wife **William D.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb 12 1880**
(Month) (Day) (Year)

Immediate cause of death **chronic suppurative + bronchial asthma**
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
64 10 8 hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
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? _____

9. Birthplace **Cape County Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **William D Bates**

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

14. Maiden name **Nancy Simmons**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruby Eddleman**

(b) Address **5821 1/2 Highland Ave**

17. (a) **Burial** (b) Date thereof **12-24-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chaffee Mo**

18. (a) Signature of funeral director **Howard P. Powell**

(b) Signature **E. J. Malvern**

19. (a) **DEC 27 1944** (b) _____
(Date received local registrar) (Registrar's signature)

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

Signature **A. J. Merlin** (M. D. or other)
Address **3507 Poloma** Date signed **12-20-44**

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

John Ketter

Licensed Embalmer No. 3500

P. O. Address St Louis 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.