

FILED APR 11 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 5097

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural - Shawnee
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Sup.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Rural Butler R.F.D. # 20
(If outside city or town limits, write "RURAL")
(d) Street No. Shawnee Sup. 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Delra Stocklauber

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

7. Birth date of deceased Jan. 12 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 22 _____ hr. _____ min.

9. Birthplace Rich Hill Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name John Murphy

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

14. Maiden name Sarah Fane Ellison

15. Birthplace Bates Co. Mo. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adolph Seiker
(b) Address Garden City Mo.

17. (a) Burial (b) Date thereof March 8th.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Hill Cemetery

18. (a) Signature of funeral director Atkinson Bros.
(b) Address Archie Mo.

19. (a) 2-8-45 (b) Pauline Lumpton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th.
year 1945 hour 10 minute _____ A.M.

21. I hereby certify that I attended the deceased from Oct 10 to Mar 6th.
that I last saw or alive on Mar 4th.
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

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

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 _____, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury no

23. Signature L. D. LaHage (M. D. or other) no

Address Butler Mo Date signed 3-2-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Officer No. 74
District Number 3-45-313
Date filed 4-10-45

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 personally
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Robert Atkinson
Licensed Embalmer No. 3920
P. O. Address Harmonville

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.