

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16257

FILED JUN 9 1945
Registration District No. 2005

Primary Registration District No. 3005

State File No. _____

Registrar's No. 33

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Butler Mo. No. 1 N. High
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 15 years
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. No. 1 North High
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth A Plain
 (b) If veteran, name war X
 (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 13th
 year 1945 hour 1 minute 15 Br.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced 2
 (b) Name of husband or wife _____ (c) Age of husband or wife alive years _____
 7. Birth date of deceased: March 22 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 45 to May 13 1945
 that I last saw her alive on May 10 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 1 Days 21
 If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial
 Duration _____

9. Birthplace Viriden Illinois
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: 93e

MOTHER FATHER { 12. Name Butler
 13. Birthplace no record
(City, town, or county) (State or foreign country)
 14. Maiden name no record
 15. Birthplace no record
(City, town, or county) (State or foreign country)

Of operations _____
 Of autopsy _____

16. (a) Informant Claude Plain
 (b) Address Butler Missouri

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? _____

17. (a) Burial (b) Date thereof 5/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oakhill Cemetery

While at work? _____
(Specify type of place) (a) Means of injury

18. (a) Signature of funeral director Booth Funeral Home
 (b) Address Butler Mo
 19. (a) May 15, 1945 (b) Hubert Livingston
(Date received local registrar) (Registrar's signature)

23. Signature Ed LaRue (M. D. or other) _____
 Address Butler Mo Date signed 5-15-45

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

1306

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Dis. Officer No. 7,

Date Filed 6-40-67

6-7-45

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

Signed John H. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler Missouri

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 35

Registration District No. 27

Primary Registration District No. 3005

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

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:
(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.

3. (a) PRINT FULL NAME

Elizabeth A. Plain

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex J 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased mar 22 (Month) (Day) (Year)

8. AGE: Years 88 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) Caroline Crumpton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ after noon _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

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 farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

10257