

S. No. 2
 4-5-42
 5-17-39
 P1 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33047**
 Registrar's No. **75**

Registration District No. **27** Primary Registration District No. **3005**

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:
404 North Delaware /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 20 years in Butler (Specify whether
 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. 404 N Delaware
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elnora Cole

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 February 28, 1860
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>6</u>	<u>26</u>	hr. min.

9. Birthplace no record Missouri /
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Chas. D. Cole

13. Birthplace no record Missouri 0
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Schutler

15. Birthplace no record Virginia /
 (City, town, or county) (State or foreign country)

16. (a) Informant Small D Kiersey
 (b) Address Butler Mo

17. (a) Buried (b) Date thereof 9-25-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery
 (d) Signature of funeral director Delver Anderson
 (e) Address Butler Mo

19. (a) 9-25-45 (b) Rubene Compton
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 23
 year 1945 hour 9:45 minute P. M.

I hereby certify that I attended the deceased from Sept 20 to Sept 23 A.M.
 that I last saw him alive on Sept 23 A.M.
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial

Due to Chronic
hypertension

Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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 _____
 23. Signature L D La Huer (M. D. or other)
 Address Butler Mo Date signed 9-25-45

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

MOTHER FATHER

1506

(Licensed Embalmer's Statement on Reverse Side)

M.F.

RECEIVED

Permit No. 7

9-45-1001

DISCHARGE

Date filed

10-18-45

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 *John G. Underwood*

Licensed Embalmer No. *3585*

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.