

S. No. 2
M-5-42
7-5-17-38
P-1-2874

STANDARD CERTIFICATE OF DEATH

State File No. 33056

FILED NOV 29 1945

Registration District No. 29

Primary Registration District No. 3005

Registrar's No. 84

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:
Butler Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Most of life in Bates Co.
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. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Lee Lennox

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

4. Sex Female 5. Color or race W 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 April 3- 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	6	26	hr. _____ min.

9. Birthplace Bates Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm. Jefferson Odneal

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

14. Maiden name Helen S. Fletcher

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

16. (a) Informant Bruce Odneal

(b) Address Spruce, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Radford

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Missouri

19. (a) 11-1-45 (Date received local registrar) (b) Pauline Langston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1945 hour 7:30 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from Oct. 24th
1945 to Oct. 28, 1945

that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration _____

Due to senility

Due to _____

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

Major findings:
Of operations _____

Of autopsy no

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. LaHue (M. D. or other) _____
Address Butler Mo Date signed 11-1-45

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

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JAN 29 1947

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.