

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

State File No. 2248

Registration District No. 46

Primary Registration District No. 4066

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Kingston
(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 Mary Ann Butts

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

7. Birth date of deceased December 5 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas J. Reynolds

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

14. Maiden name Mary Jane Smith

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

16. (a) Informant Vest Butts

(b) Address Kingston, Missouri

17. (a) Burial (b) Date thereof 12-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Cemetery

18. (a) Signature of funeral director Cramer Clark

(b) Address Kingston, Missouri

19. (a) Jan 12-46 (b) Gladys Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Kingston
(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 December Day 18
year 1945 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from Nov 22, 1945, to Dec 17, 1945, that I last saw him alive on Dec 17, and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Gangrene
Due to Diabetes Mellitus

Duration

Unknown
Perhaps 10 or 12 yrs

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

Major findings: _____
Of operations: _____

Of autopsy: _____

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 W. S. Spouse (M. D. or other) _____
Address Kingston Mo Date signed 1-19-46

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

100076

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.