No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3377

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 53

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eugene (Rural) Saline Tw
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Eugene (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. Saline Township
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Elizebeth S. Butzer

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 John G. Butzer

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

7. Birth date of deceased February (Month) 2 (Day) 1859 (Year)

8. AGE: Years 86 Months 10 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Charles F. Wegner
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Caroline Ebner
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant G. G. Butzer
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Jenkins Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) 12-22-45 (Date received local registrar) (b) Alverrette Waltz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20 year 1945 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Dec 15th 1945 to Dec 20 1945 that I last saw her alive on Dec 17 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio renal Vascular Dis	years
Due to	
Due to	
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.

1310

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

23. Signature M. E. Humphreys (M. D. or other) D.O.
Address Tuscumbia, Mo. Date signed 12-22-45

172 (Licensed Embalmer's Statement on Reverse Side)

DEC 27 1954

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

Louis D. Phillips, Registered Apprentice No.

working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.