

19431

State File No. _____

FILED JUN 20 1946

Registration District No. 27

Primary Registration District No. 3002

Registrar's No. 54

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:
905 N. Havond
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ (Specify whether _____)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates 7
 (c) City or town Butler
 (If outside city or town limits, write "RURAL")
 (d) Street No. 905 N. Havond
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Minnie Belle Drennan
 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 F. M. Drennan 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 10 1865
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 6
 year 1946 hour 6:10 minute 0 M.
 21. I hereby certify that I attended the deceased from June 3rd, 1946 to June 6th, 1946
 that I last saw her alive on June 5th, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Pneumonia tuberculosis
 Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 136
 Of operations _____
 Of autopsy _____

9. Birthplace Cooper County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation House wife
 11. Industry or business _____

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, or in public place?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature L. S. Lanter (M. D. or other) _____
 Address Butler, Mo Date signed 7-46

MOTHER FATHER
 12. Name Asa Umstett
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Julia Durrett
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Laura Spears
 (b) Address Butler, Mo.
 17. (a) Burial (b) Date thereof 6-9-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Johnstown
 18. (a) Signature of funeral director Booth
 (b) Address 109 N. High Butler, Mo.
 19. (a) June 6, 1946 (b) Kendall Perry
 (Date received local registrar) (Registrar's signature)

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, or in public place?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature L. S. Lanter (M. D. or other) _____
 Address Butler, Mo Date signed 7-46

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

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RECEIVED

District Health Officer No. 7

District File No. 5-46-598

Date Filed 6-18-46

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. Andrews*

Licensed Embalmer No. 3585

P. O. Address *Bueller 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.