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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43722

Registration District No. 378 Primary Registration District No. 6286 Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County WRIGHT
(b) City or town NORWOOD – Rural – Woodland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at Her Home 10 miles north of Norwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 62 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Wright
(c) City or town Norwood – Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Miles North of Norwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANCES JANE BUTCHER
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. A. Butcher
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 7 (Month) 21 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
62	5		hr. min.

9. Birthplace Wright Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Charles Walker
13. Birthplace (City, town, or county) Texas (State or foreign country)
MOTHER
14. Maiden name Susan Atkinson
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant C. A. Butcher
(b) Address Norwood Mo.
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.
18. (a) Signature of funeral director Gene E Holdren
(b) Address Hartville, Mo
19. (a) 1-23-47 (Date received local registrar) (b) A. B. Ames (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21 year 1946 hour 4:00 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12-21-46 12-21-46, 19 to 12-21- 1946 that I last saw her alive on 12-21- 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Sudden. from a Mitral – Insufficiency

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 92B
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W F Schlicht (M. D. or other) MD
Address Norwood Mo Date signed 12/2/46

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(Licensed Embalmer's Statement on Reverse Side)

1585 1941

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 Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville, 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.