

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

7803

State File No. _____

FILED MAR 24 1947
Registration District No. _____

Primary Registration District No. 3005

Registrar's No. 17

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: _____
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life years, months or days

3. (a) PRINT FULL NAME Betty Elizabeth COX

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 James W. Cox

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

7. Birth date of deceased March 6 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

95 11 7 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Ramsour

{ 13. Birthplace No Record
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ellis

{ 15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Janis Shelton

(b) Address Butler, Mo

17. (a) Burial (b) Date thereof Feb. 15, '47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Cemetery

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

(b) Address Butler, Missouri

19. (a) Feb 15-47 (b) Handell Kray
(Date received local registrar) (Registrar's signature)

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. 404 N. Main Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1947 hour 7:55 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb. 9th
1947, to Feb. 13th 1947,
that I last saw h. e. r. alive on Feb. 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Advanced age

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 L. D. Laffner (M. D. or other) M. A.

Address Butler, Mo Date signed 2/15/47

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

RECEIVED
District Health Officer No. 71
District File Number 2-47-225
Date Filed 3-21-77

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.....

Kenneth H. Book

Registered Apprentice No. 471

working under my personal supervision.

Signed *John G. Whitcomb*
Licensed Embalmer No. 3585
P. O. Address Butler, Missouri

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.