

FILED MAY 21 1947

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 33

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: Butler memorial hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 2 months
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

Missouri Bates 7
(a) State (b) County
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Billie Lee BLACK

3. (b) If veteran, name war
3. (c) Social Security 481-40-5309

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced S U

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

7. Birth date of deceased August 12 1922
(Month) (Day) (Year)

8. AGE: Years 24 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Cotter, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business

12. Name Johnie Black

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

14. Maiden name Willie Arnold
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. E. C. Dwellie
(b) Address Norfolk, Arkansas

17. (a) Burial (b) Date thereof 3-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cotter Arkansas

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

(b) Address Butler, Missouri

19. (a) 3-28-47 (b) Handell Perry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day March
year 1947 hour 11 minute P M.

21. I hereby certify that I attended the deceased from March 27 1947 to March 28 1947
that I last saw her alive on March 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Brain abscess
Due to Frontal (left)
Lobe

Due to Verified at Autopsy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Brain abscess

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?

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

23. Signature Culver H. Underwood (M. D. or other)
Address Butler, Mo Date signed 3/28/47

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

RECEIVED
District Health Officer No. 7,
District Office Number 4-47-610
Date filed 5-20-47

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.....

Samuel H. Beck, Registered Apprentice No. 471,
working under my personal supervision.

Signed John D. Underwood
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.