

FILED SEP 24 1947

Registration District No. **27**

Primary Registration District No. **3000**

Registrar's No. **80**

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

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:
309 North High St., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 28 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates **7**

(c) City or town Butler **1**
(If outside city or town limits, write "RURAL")

(d) Street No. 309 North High Street **1**
(If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME HESTER ELIZABETH ERNSBERGER

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 Married

6. (b) Name of husband or wife A.C. Ernsberger 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 7, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name T.J. Henry

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

14. Maiden name Leona Mathews

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

16. (a) Informant A.C. Ernsberger

(b) Address Butler, Mo.,
Burial (b) Date thereof 9-5-47
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler, Missouri

19. (a) 9-6-47 (b) Hendall Kersey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September **3**
year 1947 hour 12:15 minute PM M.

21. I hereby certify that I attended the deceased from Sept 3 1947 to Sept 3 1947
that I last saw him alive on Sept 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion Thrombosis

Due to Coronary arteries

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

Major findings:
Of operations _____
Of autopsy AAA

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? **0**

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

23. Signature Carlton N. Luten (M.D. or other) **MD**
Address Butler, MO Date signed 9/6/47

FEB 25 1948

RECORDED
DISTRICT CLERK OFFICE NO. 7,
8-47-1093
DISTRICT OF COLUMBIA
Date filed 9-19-47

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.....

Kenneth H. Book

Registered Apprentice No. 471

working under my personal supervision.

Signed.....

John S. 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.