

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

FILED SEP 24 1947

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 67

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 10 Months
(Specify whether years, months or days)
 In this community 00

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cedar 20
 (c) City or town Stockton
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ethel Lee HADON
 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 W 2
 6. (b) Name of husband or wife James T. Hadon
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 13 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>3</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Clayton Rogers

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

14. Maiden name No Record

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

16. (a) Informant Lamovgne Stangel
 (b) Address Rich Hill, Missouri

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 8-2-47
(Month) (Day) (Year)

(c) Place: burial or cremation Stockton City Cem.
 18. (a) Signature of funeral director Church & Neale
 (b) Address Stockton, Mo.
 19. (a) 8-2-47 (b) Kendall Perry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 31
 year 1947 hour 12:50 minute AM M.
 21. I hereby certify that I attended the deceased from OCT. 20
 1946 to 30 July 1947
 that I last saw her alive on 30 July 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
UREMIA
METASTATIC CARCINOMATOSIS
 Due to CARCINOMA BREAST

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

Major findings:
 Of operations _____
 Of autopsy _____

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) (c) Means of injury.
 23. Signature John M. Cooper (M. D. or other) M.D.
 Address BUTLER, MO. Date signed 31 July

Duration
3 wks.
18 mo.
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED
OFFICE No. 7
8-17-110
9-19-47
Date filled

44
44
OCT. 30
44
30
44

19 MO.
18 MO.
BERRY

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 B. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.