

Registration District No. 311

Primary Registration District No. 4456

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Appleton City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 80 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair

(c) City or town Appleton City, Mo.
(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 EFFIE BUTLER

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1947 hour 8 minute 35 P. M.

4. Sex 7-1 5. Color or race W.

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 8 years
(Day) (Year)

7. Birth date of deceased Oct. 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 20, 1947 to Nov 4, 1947
that I last saw her alive on Nov 3, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 0 Days 26
If less than one day hr. min.

Immediate cause of death Bronchitis pneumonia

Due to Bronchitis

Due to Senile dementia Chronic bronchitis

9. Birthplace Montross Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name NEBI ROYER

13. Birthplace Weavers Corners Ohio
(City, town, or county) (State or foreign country)

14. Maiden name MARtha DIMICK

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

Major findings: Of operations 93D

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Fred M. Butler

(b) Address Appleton City, Mo.

17. (a) Burial (b) Date thereof Nov. 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City, Mo.

18. (a) Signature of funeral director Oscar Eckhoff

(b) Address Appleton City, Mo.

19. (a) Nov. 7, 1947 (b) Mrs. Cleo Abney
(Data received local registrar) (Registrar's signature)

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?

(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 Q

23. Signature R. L. Hanson M. D. or other MO
Address Appleton City, Mo. Date signed Nov 7-47

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

3
1
0

RECEIVED
DEPARTMENT OF HEALTH
10-47-1907
CHIEF NO. 7,
11-11-47
Date Filed

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 *Oscar Eckhoff*.....

Licensed Embalmer No. *3942*.....

P. O. Address *Oppton City, 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.