

Primary Registration District No. 3005

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

1. PLACE OF DEATH:
(a) County BATES
(b) City or town BUTLER MO
(c) Name of hospital or institution BUTLER MEMORIAL HOSPITAL
(d) Length of stay: In hospital or institution 3 months
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County BATES
(c) City or town BUTLER
(d) Street No. 1
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MEDORA ELMIRA CRABTREE
3. (b) If veteran, name war X
3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 13 year 1948 hour 12 minute 30 P.M.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased JUNE 15 1860

21. I hereby certify that I attended the deceased from Dec. 16 - 1944 to Feb. 13th 1948
that I last saw her alive on Feb. 13th 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 7 Days 28
9. Birthplace MISSOURI
10. Usual occupation HOUSEKEEPER

Immediate cause of death BRONCHIAL PNEUMONIA following Cerebral hemorrhage
Due to hypertension
Other conditions SENILITY

11. Industry or business _____
12. Name WILLIAM J CRABTREE
13. Birthplace KENTUCKY
14. Maiden name ISABELLA HALL
15. Birthplace ILLINOIS

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Jim Crabtree
(b) Address Butler Mo
17. (a) Burial (b) Date thereof 2-15-48
(c) Place: burial or cremation OAKHILL
18. (a) Signature of funeral director Culbert Underwood
(b) Address Butler Mo
19. (a) 2-15-48 (b) Pendell Perry

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? _____
23. Signature L. D. Lathrop (M. D. or other) M.D.
Address Butler, Mo. Date signed 2/18/48

RECEIVED

District Health Officer No. 7,

District File Number 2-48-302

Date Filed 3-26-48

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 G 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.