FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 8 1948
Registration District No. 27

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 18636
Registrar's No. 67

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Butler emorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Butler Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 222 South Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jennie Printy
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Wm C Printy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 5 (Day) 1869 (Year)

8. AGE: Years 79 Months 2 Days 26 If less than one day hr. min.
9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Steven Morris
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lovina Wollem
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Verna Printy
(b) Address Butler Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Jerico Springs
18. (a) Signature of funeral director John G Underwood
(b) Address Butler Mo.
19. (a) 7-2-48 (Date received local registrar) (b) R. Kirsey (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 1
year 1948 hour 11 minute 10 A.M.
21. I hereby certify that I attended the deceased from 6-25- 48, to 7-1- 48;
that I last saw her alive on 7-2-48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to ~~[illegible]~~ Chronic	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury
23. Signature L. D. LaFere (M. D. or other) MD
Address Butler, Mo Date signed 7-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 6-48-34
Date Filed 7-7-48

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 Robert D. Steinbeck, Registered Apprentice No. 200 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.