

BUREAU OF THE CENSUS  
FILED AUG 25 1948

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Quilin Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home 1754 H.L. Twf  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 years  
 (Specify whether years, months or days)

## 3. (a) PRINT FULL NAME

Allie R. Chadwell

## 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 widowed  
 6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased September 29 1872  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 10 2 — hr. — min.

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

10. Usual occupation Housework11. Industry or business —

12. Name Matthew Williams  
 13. Birthplace unknown Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Stephens  
 15. Birthplace unknown Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Elmer R. Chadwell(b) Address Dexter Missouri

17. (a) Burial (b) Date thereof 8-3-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie Mo.18. (a) Signature of funeral director Landers Funeral Home(b) Address Jamphill Mo.

19. (a) 8/19/48 (b) P. W. Munnell  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12  
 (c) City or town Quilin R.R. #1 0  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. — (If rural, give location) 0  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country —

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st  
 year 1948 hour — minute 4:00 P.M.

21. I hereby certify that I attended the deceased from July 1946  
 19 — to July 19 1948  
 that I last saw her alive on July 19 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death

apoplectic stroke

Due to

High blood pressure

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —Of autopsy —

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?

23. Signature P. B. S. 266 (Specify type of place) —  
 (M. D. or other) —  
 Address — Date signed 8-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 848-10

Date Filed 8-23-41

AUG 26 1941

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.....

*Christina M. Landers*

Licensed Embalmer No. 4227

P. O. Address *Campbell, 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.